



## Certification of Psychological Disability

The Center for Academic Support Services (CASS) at Antioch College offers programs and related services that provide equal access to the College's educational opportunities for students with disabilities. As a post-secondary institution, Antioch College follows the Association on Higher Education and Disability (AHEAD) standards for documenting disabilities.

Students requesting accommodations on the basis of psychological disability must provide current documentation from a licensed clinical professional who has relevant experience in differential diagnosis and the full range of psychological disorders (i.e., licensed clinical psychologist, psychiatrist, licensed clinical social worker, or any other relevantly trained specialist). Please note that the *Center for Academic Support Services will not accept documentation provided by a member of the student's family.*

Licensed professionals may submit a letter in place of this form if it fulfills all requested information listed on this form. Letters must be submitted on the professional's letterhead, signed, dated, and include the professional's license number.

### TO BE COMPLETED BY THE STUDENT

DATE: \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_

### TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL

CERTIFYING PROFESSIONAL: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
LICENSE NUMBER: \_\_\_\_\_  
OFFICE/AGENCY NAME: \_\_\_\_\_  
OFFICE/AGENCY ADDRESS: \_\_\_\_\_  
OFFICE/AGENCY PHONE: (\_\_\_\_\_) \_\_\_\_\_

**1.** State and date the student's current diagnosis(es) as per the most recent Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD).

---

---

---

2. Indicate the nature, frequency, and severity of the symptoms upon which the diagnosis(es) was based. Please note that a diagnosis without explicit listing of current symptoms is not sufficient.

---

---

---

---

---

3. How long have you treated this student? \_\_\_\_\_

Are you providing ONLY psychological treatment?	YES	NO
If YES, include the date of the last appointment _____		
Are you providing ONLY medical treatment?	YES	NO
If YES, include the date of the last appointment _____		
Are you providing psychological and medical treatment?	YES	NO
If YES, include the date of the last appointment _____		

4. Indicate how the current behaviors, medication, and the presenting symptoms may affect the student's academic functioning.

---

---

---

---

5. In your opinion, what types of academic accommodations may benefit this student?

---

---

---

6. If available, please attach a clinical summary or a psychological evaluation that support the diagnosis(es).

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM WITH THE SUPPORTING DOCUMENTATION TO:

**Center for Academic Support Services**  
Antioch College  
One Morgan Place, McGregor 209  
Yellow Springs, OH 45387  
Or email to eharveyspain@antiochcollege.org