GTCC
GUILFORD TECHNICAL COMMUNITY COLLEGE

P.O. Box Jamestown,
NC 27282
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(336) 454-1126
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disAbility Access Services

Documentation of Psychiatric Disorders / ADD/ ADHD Verification Form

As the diagnosing professional, please fully complete all sections of this form. Additional reports, information, or narrative can be attached if appropriate.
Please note: All information that you provide may be shared with this student unless clearly marked otherwise. Thank you for your assistance.

I, _____, hereby authorize the release of the following information to disAbility Access Services at Guilford Technical Community College for the purpose of determining my eligibility for services.

_____	_____	_____
Student Signature	Date of Birth	Date of Request

TO BE COMPLETED BY THE DIAGNOSING PROFESSIONAL

I. Diagnosis

□ IEP's are acceptable as supporting documentation to a diagnosis, but are not acceptable for a diagnosis alone.
□ Psychological Evaluations and / or Psycho-Educational Evaluation
□ Other supporting Evaluative reports

Primary Diagnosis _____

ICD-9, ICD-10 or DSM-IV Code:_____

Date of Diagnosis: _____ Date of Last Evaluation: _____

What is the expected duration? _____

Secondary Diagnosis _____

ICD-9, ICD-10 or DSM-IV Code:_____

Date of Diagnosis: _____ Date of Last Evaluation: _____

What is the expected duration? _____

Other Diagnosis _____

Date of Diagnosis: _____ Date of Last Evaluation: _____

What is the expected duration? _____

II. Treatment

Date of Last Visit: _____

How often do you provide treatment? _____

_____

Prescribed Medical	Side Effects

III. How does the disability impact the student within the educational setting? (e.g. Difficulty focusing within a classroom, taking notes while listening to instruction or regulating emotions during a stressful situation, etc. These limitations may result in a student possibly needing such services as testing in a less distracting environment, extended time on an exam, or alternative ways in getting notes.)

Recommended Accommodations:

_____

_____

_____

_____

Thank you for your cooperation in this matter. Your prompt attention will allow us to begin providing services as soon as possible. Incomplete or missing information can prevent or delay necessary services. This form must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Professional Credential Documentation (PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.)

Name_____

Address_____

Title_____

Professional Credentials_____ Phone : _____

License/Certification number_____

Signature_____ Date_____

To expedite the process, you may fax a copy to (336) 819-2030. All documentation is confidential (in addition to faxing) please mail the signed, original form to:Guilford Technical Community College:

disAbility Access Services
P.O. Box 309
Jamestown, NC 27282

Attention: _____