New Mexico State University

Diagnosis Verification For Academic Accommodation Requests

Select Campus ☐ NMSU (Main) ☐ NMSU (Global) ☐ DACC ☐ Branch Campus _____

NOTE: To be completed by the physician, psychologist, diagnostician, or other licensed/clinical practitioner.

Student Name: _____ Aggie ID: _____

The above-named student has informed New Mexico State University (NMSU) that their disability/impairment prevents them from performing the essential academic functions and/or attending classes regularly unless accommodation(s) are provided. We are requesting sufficient information in order to determine appropriate accommodation(s) in accordance with provisions of state and/or federal laws. For example: 1) for a learning disability, a full diagnostic evaluation is required from a **psychologist, psychiatrist or educational diagnostician**; 2) for hearing disability, a current audiogram from an ENT or audiologist is required; 3) for a psychological disability, a diagnosis based on a current DSM-5 from a psychologist/psychiatrist will be required; and 4) For a physical disability, a diagnosis should include a current ICD code from a licensed physician. Recommendations for accommodation(s) include a multi-faceted process that includes physician/provider input, student input, and reasonable access.

Provide a ICD code diagnosis and clinical name of the condition with a brief description of the disability or impairment and how it affects areas of daily living:

PLEASE INCLUDE A CURRENT ICD.10 OR DSM5 WITH DIAGNOSIS: _____

_____

_____

Condition: ☐ Permanent ☐ Temporary until _____ Severity ☐ Mild ☐ Moderate ☐ Severe ☐ Partial remission

Date of first visit for designated condition: _____ Date of last visit: _____ Type of Visit: ☐ In Person ☐ Virtual (Online)

How many total visits have you seen or consulted with student for designated condition: _____

Can the student perform essential academic functions: ☐ Yes ☐ No If no, explain:

_____

What specific major life activities or physical barriers does this condition present that requires accommodation?

_____

_____

Are there any side effects from medication that might affect academic performance? If yes explain:

_____

_____

Class attendance is frequently an essential academic function. Does the condition affect the student's ability to attend class? If yes explain:

_____

_____

Additional Comments? Please note that these are considerations for DAS and not mandatory requirements to follow.

_____

_____

For what length of time do you suggest reasonable accommodation(s) be provided in terms of academic year(s)? _____

Certifying Clinician/Licensed Practitioner: (This section must be completed by physician, clinician, or practitioner)

Practitioner's Signature: _____ Date: _____

Print Name & Title: _____ State & License number: _____

Agency Name: _____

Address: _____ Email: _____

Phone Number: _____ Fax Number: _____