



MENTAL HEALTH DISABILITY VERIFICATION

Disability Services & Programs for Students

STUDENT SECTION

In order to receive disability-related services at Monterey Peninsula College, a verification of disability must be provided by an appropriate physician or licensed professional, with a signature. Related information is defined on the reverse side of this form.					
DATE OF REQUEST		MPC STUDENT ID #		SOCIAL SECURITY # (OPTIONAL)	
STUDENT NAME				DATE OF BIRTH	
STREET ADDRESS					
CITY		STATE		ZIP CODE	
EMAIL					
PHONE	CELL:		HOME:		
I request that the professional designated below complete this form.					
NAME OF PHYSICIAN OR LICENSED PROFESSIONAL				Title	
STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE	OFFICE:		FAX:		

PROFESSIONAL SECTION

Professional: Please provide the following information in full in order to help determine reasonable educational accommodations to support this student. Please provide a diagnosis; descriptions of psychological disability criterion for California Community Colleges, Disabled Students Programs & Services, are shown on the reverse side of this form.		
DATE OF DIAGNOSIS:	PRESCRIBED MEDICATIONS & DOSAGE	
PLEASE PROVIDE THE COMPLETE DIAGNOSIS AND SEVERITY USING THE DSM (most current edition).	<input type="checkbox"/> Axis I: _____ <input type="checkbox"/> Axis II: _____ <input type="checkbox"/> Axis III: _____ <input type="checkbox"/> Axis IV: _____ <input type="checkbox"/> Axis V: _____	
	Current Level of Functioning: _____ Highest Level of Functioning during the past year: _____	
	Does this condition interfere with one or more of the following major life activities (check all that apply):	
	<input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Learning <input type="checkbox"/> Working <input type="checkbox"/> Caring for self <input type="checkbox"/> Other _____	
Describe the functional limitations that impact learning in an academic setting (check all that apply):		
<input type="checkbox"/> easily distracted <input type="checkbox"/> poor concentration <input type="checkbox"/> difficulty focusing for extended periods of time <input type="checkbox"/> difficulty formulating and executing plan of action	<input type="checkbox"/> difficulty overcoming unexpected obstacles <input type="checkbox"/> panic in unfamiliar surroundings and other situations <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	

Name of Verifying Licensed Mental Health Professional or Psychiatrist (PLEASE PRINT)

Signature

Title / License # / Certification #

Date

PROFESSIONAL OR STUDENT PLEASE RETURN TO:	Monterey Peninsula College ATTN: Access Resource Center 980 Fremont Street Monterey, CA 93940 Fax: (831) 646-4171
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Information About Documenting a Mental Health Disability in California Community Colleges (Title 5 Regulations)

Mental Health Disability	Mental Health disability is defined as a persistent psychological or psychiatric disability, or emotional or mental illness that limits the student's ability to access the educational process. For purposes of this subchapter, conditions that are not described and/or excluded in the American Psychiatric Association Diagnostic and Statistical Manual (DSM) or the Americans with Disabilities Act (ADA) are not covered in this category.
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Title 5 References:

1. Sections 67310-6731, 70901 and 84850, Education Code.
2. 42 U.S.C. Sec. 12101.
3. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (Fifth ed.)*. Arlington, VA: American Psychiatric Publishing.