



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Autism Spectrum/Pervasive Developmental Disorder Disability Professional Documentation/Verification Form

This form is for Autism Spectrum/Pervasive Developmental Disorders only. Psychiatric or psychological conditions require completion of the PSYCHIATRIC/PSYCHOLOGICAL DOCUMENTATION, Medical conditions require completion of the Medical, Physical, Sensory form.

Please Review Carefully

The student named below has applied for accommodations from Ferris State University due to the impact of a Pervasive Developmental Disorder. Students seeking accommodations must provide appropriate medical documentation of their condition so that the University can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

Documentation required to verify the student's condition and its severity, includes completion of this form or provision of equivalent information to Disabilities Services by a medical professional with the appropriate training and credentials. Any professional completing this form must have first-hand knowledge of the student's condition, experience in working with students with the stated condition(s) and a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnoses by family members are unacceptable.

Disabilities Services at Ferris State University provides services and accommodations to persons with disabilities to ensure equal access to educational programs and activities. A disability must substantially limit one or more major life activity, such as walking, seeing, hearing, speaking, breathing, learning, caring for one's self, performing manual tasks and working.

Current and comprehensive disability documentation is required to assist with the provision of appropriate and reasonable accommodations and/or auxiliary aids. Additional documentation may be required.

**Ferris State University / University College / Department Head
Educational and Career Counseling Center & Disabilities Services
901 S State Street, Starr 313
Big Rapids, Michigan 49307
Phone & TDD (231) 591-3057 Fax (231) 591-3939
E-mail: disabilities@ferris.edu**



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Verification Form for Autism Spectrum/Pervasive Developmental Disorders

(Includes Asperger's Disorder, Autistic Disorder, and Pervasive Developmental Disorder Not Otherwise Specified)

Student: Complete this section

Last Name _____ First Name _____ M.I. _____

Campus Wide I.D. (CWID): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize the identified health care provider to release to Disabilities Services the medical information requested on this form for the purpose of determining appropriate accommodation for my permanent or temporary disability while a student at Ferris State University. I also authorize my provider to discuss my disability with the Disabilities Services Counseling Staff for clarification and continuity of care.

Signature of patient: _____ Date: _____

If under 18 and/or signed by person other than patient, state relationship and authority to do so.

Relationship: _____ Legal Authority: _____

Certifying Professional: Complete this section including the back of this sheet

Today's Date: _____

Printed Name: _____

Signature: _____

Signature denotes: content accuracy, adherence to professional standards and guidelines as stated above.

License Type: _____

License Number: _____ State _____ Exp Date _____

Area of Medicine: _____ Title: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

Date of Initial Contact with Student ____/____/____

Date of Last Contact with Student ____/____/____



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Multi-Axial DSM-IV Diagnosis

Diagnosis: _____ Date of Diagnosis: _____

Axis I _____

Axis II _____

Axis III _____

Axis IV Psychosocial/Environmental Problems: _____

Axis V Current Global Assessment of Functioning Range _____

Basis on which the diagnosis was made. _____

Please describe the settings (home, academic, social, occupational, etc.) in which these symptoms have been most evident. _____

Medications

Current medication including dosage and side effects _____

Long term medication plan _____

Current compliance with medication plan _____

Prognosis for medication plan (Include likelihood of improvement or deterioration and within what approximate timeframe.) _____



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Interventions

Please identify the academic interventions, social skill training, or other behavioral/therapeutic support that have been made available and their level of effectiveness _____

Planned interventions _____

Prognosis for interventions (Include likelihood of improvement or deterioration and within what approximate timeframe _____

Impact of Condition on Educational Success

Please identify the specific academic abilities or functions that are compromised by the disorder. Indicate severity of these limitations _____

Please specify the impact of the disorder and prescribed medications upon exams and other classroom activities.

Please identify the potential impact of the student's social interaction style in classroom, campus and community settings _____

Please comment on the student's ability to cope with transitions and stress. Please indicate what strategies the student uses to cope with these stressors and transitions _____



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Major Life Activity

For each major life activity listed, denote the level of impact for **both without and with** medication and prescribed aids.

Life Activity		No Impact	Moderate Impact	Substantial Impact	Don't Know
A. Concentration	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Long Term Memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Short Term Memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sleeping	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Eating	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Social Interactions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Self-care	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FERRIS STATE UNIVERSITY

Educational and Career Counseling Center and Disabilities Services

Major Life Activity Continued

For each major life activity listed, denote the level of impact for **both without and with** medication and prescribed aids.

Life Activity		No Impact	Moderate Impact	Substantial Impact	Don't Know
H. Managing Internal Distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Managing External Distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Timely submissions of assignments	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Attending class regularly and on time	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Making and Keeping appointments	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Stress management	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Organization	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>