



**ACCESSIBILITY SERVICES
PSYCHOLOGICAL VERIFICATION REPORT**

To provide adequate classroom accommodations to the students of West Georgia Technical College who present with a psychological or psychiatric disability, and who request assistance through the Accessibility Services office, the information on this document is needed. It is at the student's discretion to request directly to their physician or clinician, the completion of this report. The individual completing this report must have direct knowledge of the student's psychological and psychiatric limitations and is not a relative of the student. The information provided is confidential and is used to determine eligibility. This report is deemed invalid if the licensing credentials and the professional title of the treating physician, clinician, psychologist, or therapist is not included on the form.

DATE:
CLIENT/PATIENT NAME:
DATE OF BIRTH:
Is client/patient undergoing a psychological evaluation at this time? Yes No
If so, what is the duration of the testing?
DIAGNOSIS/DIAGNOSES:
DSM/ICD TYPE:
IS THE DIAGNOSIS/DIAGNOSES PERMANENT OR TEMPORARY? If temporary, what is the duration of condition?
DATE OF DIAGNOSIS:
DIAGNOSTIC TOOL USED:
DID THE PERSON COMPLETING THIS FORM DETERMINE DIAGNOSIS? Yes No
MAJOR LIFE ACTIVITIES IMPACTED:
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•
•
EFFECTS ON ACADEMIC PERFORMANCE:
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Adamson Square
401 Adamson Square
Carrollton, GA 30117
678.664.0400

Carroll Campus
997 South Highway 16
Carrollton, GA 30116
770.836.6800

Coweta Campus
200 Campus Dr.
Newnan, GA 30263
770.755.7800

Douglas Campus
4600 Timber Ridge Dr.
Douglasville, GA 30135
770.947.7200

LaGrange Campus
1 College Circle
LaGrange, GA 30240
706.845.4323

Murphy Campus
176 Murphy Campus Blvd.
Waco, GA 30182
770.537.6000

Patient/Client's Name:	DOB:
LIST OF MAJOR SYMPTOMS CURRENTLY MANIFESTED:	
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•	
PATIENT/CLIENT IS CURRENTLY RECEIVING SERVICES: YES NO	
DATE OF LAST TREATMENT VISIT:	
LIST OF MEDICATIONS AND IMPACT ON LEARNING/BEHAVIORS IN THE CLASSROOM:	
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RECOMMENDED CLASSROOM ACCOMMODATIONS:	
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Additional comments:	
SIGNATURE WITH TITLE OF PROFESSIONAL:	
DATE OF SIGNATURE:	
NAME OF BUSINESS:	
ADDRESS:	
PHONE NUMBER:	
STATE OF LICENSE:	LICENSE NUMBER:

Please include a copy of the business card of the person who completed the report. If the professional who completed the form doesn't have a business card,



please include a signed letter on their letterhead stating that there is no business card available.

West Georgia Technical College has the right to confirm the credentials of the person who signed the above form. Any misrepresentation can result in the disqualification of services to the student.

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As set forth in its student catalog, West Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to handle inquiries regarding the non-discrimination policies: Equity (Title IX) Coordinator, Dean of Students, 770.537.5722, 176 Murphy Campus Blvd., Waco, GA 30182. ADA (Section 504) coordinator is V.P. of Administrative Services, 678.664.0533, 401 Adamson Square, Carrollton, GA 30117.

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