



Documentation Guidelines Mental Health Disorders

Students requesting support services through the **ACCESS Office** at Collin College are required to submit documentation, **after admission to Collin College**, to verify eligibility under the Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. The following guidelines are provided to ensure the documentation is valid and supports the request for accommodations.

Current documentation must validate the need for services based on an **individual's present level of functioning**. For a student to qualify for services through the Americans with Disabilities Act or Section 504 of the Rehabilitation Act, **a disability must substantially limit a major life function (learning)**. Therefore, a complete report with an interpretive summary based on a comprehensive evaluation is a necessary component of the documentation. **ACCESS** will determine if reasonable and appropriate academic accommodations are warranted and can be provided to the individual.

The term “psychiatric disabilities” encompasses a broad range of conditions characterized by emotional, cognitive, and/or behavioral disorders. These may include, but are not limited to, chronic conditions such as major depression, bipolar disorders, schizophrenia, anxiety disorders, and post-traumatic stress disorder. Students requesting support services through **ACCESS** are required to submit current documentation for their medical condition to qualify for services.

These guidelines will assist you in working with your qualified medical professional to prepare documentation for **ACCESS** to determine your eligibility for requested academic accommodations. The documentation must include:

1. Evaluation must be completed by a qualified licensed professional, who has undergone comprehensive training including relevant experience in differential diagnosis and the full range of psychiatric disorders. This may include clinical psychologists, psychiatrists, neurologists, marriage and family therapists, licensed professional counselors, and licensed clinical social workers. **Evaluator must be impartial and not related to the person being evaluated.**
2. The evaluation must have been completed **within the last six months**. If the evaluation is more than 6 months old, the student must submit a letter from the qualified professional stating current diagnosis, **current level of functioning during the last 6 months**, and rationale for the requested accommodations.
3. A specific psychiatric condition, with appropriate DSM-IV-TR diagnosis, must be stated within the documentation. If another diagnosis is applicable, it should also be stated. Include the current status of the psychiatric condition and the **relevance of the diagnosis to the educational setting**. **The evaluator must use definitive language in the diagnosis of psychiatric disorders.**



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4. The evaluator must investigate and rule out other factors that may influence the diagnosis such as neurological, medical, substance abuse, educational, linguistic, sensor motor, or cultural factors.
5. The evaluator must include recommended treatment including therapy and current medication(s) prescribed, if any, and the potential impact on learning/behavior.

Documentation must include:

- a. Evaluation must be typed on letterhead of the qualified professional or team of individuals performing the evaluation
- b. Name(s), titles, addresses, phone numbers and signature(s) of the evaluator(s)
- c. Date of the report
- d. Description of the medical diagnosis
- e. Interview results and comments including any significant developmental, medical, psychosocial, employment, or family history information
- f. Name(s) of the assessment instruments used and the date of administration
- g. Statement of diagnosis and **list of current symptoms**
- h. Quantitative and qualitative information supporting the diagnosis
- i. Duration and severity of the psychiatric condition, please include the potential for hospitalization, if applicable
- j. Summary includes:
 - **substantial** limitations to major life functions across settings
 - **the extent to which these limitations impact academic performance**
 - recommendations for specific accommodations linked to assessment data/observation
 - additional observations or recommendations which will assist **ACCESS** adequately serving the student

Psychological or medical professional may complete Documentation Guidelines for Mental Health Disorders form to assist in providing requested information. This form can be used to accompany or supplement medical and psychological reports. Please type or print.

Documentation received will be reviewed by a committee, and the student will be notified of the decision regarding eligibility. Documentation is reviewed weekly; however, during peak times, we request at least two to three weeks to notify student of the decision regarding eligibility. Providing documentation does not automatically qualify an individual for academic accommodations.

Checklist adapted from Dr. Aaron Cohen and University of North Texas ODA Office.



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I, _____, request that _____ complete and submit the document below to **Collin College's ACCESS Office** to assist them in determining my eligibility for academic accommodations. I consent to the release of this information and other pertinent psychological and medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

Student's Name (Print)

Student's Signature

Date

DOB

If under 18 years of age, a parent must also sign this request. _____

Parent's Signature

Date

(PLEASE PRINT OR TYPE) Per DSM-IV-TR, please complete this information (including DSM-IV-TR coding):

Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V (GAF score)	
Date of diagnosis	
First date client seen	
Last date client seen	

In addition to DSM-IV-TR criteria, please indicate all information considered when making this diagnosis and provide any information you feel will assist ACCESS to determine which academic accommodations and services are appropriate and reasonable for this student:

- ☐ Interview with the student _____
- ☐ Interviews also with _____
- ☐ Behavioral observations _____
- ☐ Developmental History: _____
- ☐ Medical History: _____
- ☐ Educational History: _____
- ☐ Psycho-educational testing – consisting of _____
- ☐ Standardized or non-standardized rating scales used and dates _____
- ☐ Other (please specify): _____



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Student: _____ **Primary Diagnosis:** _____

Please list current medication(s) the patient is taking for this medical condition and how these medications may impact the student (possible side effects) in an educational setting.

Medication(s)	Dosage	Effect on academic functioning

Please provide specific and current functional limitations and the level of severity for this individual in an educational setting.

Major Life Activity- Learning	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Focusing					
Sustaining focus					
Concentration					
Retaining new information (memory)					
Understanding and following directions					
Organizing information, tasks, and materials					
Managing internal distractions					
Managing external distractions					
Managing to sit for long periods of time					
Submitting materials and assignments in timely manner					
Handling Stress (Management)					
Managing suspicious behavior that may impact focus					
Containing emotions and behaviors					
Interacting with small groups					
Interacting with large groups					
Attending classes on campus					
Other					



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Student: _____ Primary Diagnosis: _____

How long do you anticipate the student's academic achievement may be impacted by this disability?
_____ Six Months _____ One Year _____ More Than One Year

****Please attach any pertinent psychological evaluations you have completed.

Evaluator must be impartial and not related to the person being evaluated.

Certifying Medical Professional:

Date

Professional's Name (print)

Signature

Professional's Title (print)

License Number

Street Address

Phone Number

City, State, Zip

Fax Number

Checklist adapted from Dr. Aaron Cohen and University of North Texas ODA Office

Please mail or fax completed form with supporting documents to address below:

**ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX 75074
972-881-5898 (phone) / 972-881-5896 (fax)
EFFECTIVE 8/25/11**