

## Mental Health Disability Documentation Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Last First MI)

**IMPORTANT:** The Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008 (ADAAA) and define a disability as a physical or mental impairment that substantially limits one or more major life activities. In order to assign the most appropriate academic adjustments, auxiliary aids, and/or services, LCC requires current and comprehensive documentation of the student's disorder. It is the responsibility of the student to obtain documentation to present to the Accessibility Advisor. Thorough completion of this form is necessary for Student Support and Accessibility Services to process the student's request and assign reasonable and appropriate accommodations in accordance with Section 504 of the Rehabilitation Act of 1973 and the ADAAA of 2008. Insufficient information may result in delays or failure to assign the most beneficial accommodations. Please note the following information when completing the form:

1. Documentation should be prepared by a licensed/clinical psychologist, psychiatrist, or other professional qualified to diagnose emotional/mental health disabilities. All documentation must be submitted on this form or the official letterhead of the professional describing the disability. The report should be dated, signed, and include the name, title, and professional credentials of the evaluator.
2. A current diagnostic code (DSM-IV, IV-R, V), date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. The Disability Services office reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations.
3. The impact of the disorder on the individual should be discussed with particular detail regarding the disabling disorder and the functional impact it has on one or more major life activities. Be advised that documentation consisting of only a diagnosis, chart notes, and/or prescription pad notations is insufficient. It is requested that handwritten documentation not be submitted.
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability and how implementation of the accommodation will mitigate the impact of the limitation in order to provide the student equal access to course materials and/or institutional activities and facilities. ***\*\*Please note that recommendations for accommodations are useful in helping the college determine how best to assure access for the student. When those recommendations are in keeping with our policies and practices they may be followed as shown. When the recommendations are for support or structure outside the scope of those necessary for access, the student will be made aware of other resources and programs that may be able to assist***
5. What medication(s) does the student take for emotional/mental health support? Do symptoms persist even with medication?
6. A current neuropsychological or psychological evaluation report may allow the student to be accommodated more thoroughly.

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**TO BE COMPLETED BY DIAGNOSTICIAN OR TREATING MENTAL HEALTH PROFESSIONAL**

Date of Birth: \_\_\_\_\_

DSM-V or ICD Diagnosis(es):

Diagnosis	Code	Initial Date	Most Recent Date	Frequency of Office Visits

Does this disorder(s) substantially limit the student?  YES  NO

Attach any supporting documentation: e.g., psycho-educational evaluations for learning disabilities, audiology reports, vision reports, etc.  Supporting Documentation Attached

Describe the student's condition, symptoms, and the significant impact on life activities, including academics:

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Treatments, medications, assistive devices/services currently prescribed or in use:

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Will medication adversely impact this student, if so how?

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Expected duration of the impact of the disability:

- Temporary – Indicate anticipated recovery date: \_\_\_\_\_
- Permanent
- Chronic
- Episodic/Recurring

Expected progression or stability of the impact of the disability:

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Student Support and Accessibility Services: Telephone: 252-527-6223 ext. 331 Fax: 252-233-6899

Recommended accommodations based on the impact of the functional limitations of the disability on academic performance and explain how the limitation would be mitigated by the accommodation to allow the student equal access in the course, program, institutional activities and/or facilities.

Four horizontal lines for writing accommodations.

Name of Mental Health Professional: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Attach Additional Documentation as Necessary**

**Submit this Form and Any Documentation to:**

**Gloria Leak, MS, LCAS, LCMHC, CRC  
Student Support and Accessibility Advisor  
Lenoir Community College  
PO Box 188, Kinston, NC 28502  
Email: glleak92@lenoircc.edu  
Voice: (252) 527-6223 ext. 331  
Fax: (252) 233-6899**