

Documentation Guidelines Mental Health Disorders

Collin College follows the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973 in developing accommodations with students. Academic accommodations by the ACCESS Office are there to ensure **equal access** to educational activities and programs at Collin College.

Third party documentation will be considered as part of an interactive and individualized process that allows the ACCESS Office to determine eligibility and understand how a student's disability substantially limits one or more major life activity. Reasonable accommodations are recommended based on an understanding of the student's needs, functional limitations, and proposed academic adjustments.

Students are encouraged to upload any third-party documentation when they complete the Student Disclosure and Accommodations Request Form. However, having this documentation on file is *not* a requirement to schedule a meeting.

If you do not have documentation supporting a diagnosed disability, the attached form can be completed by an Educational Diagnostician, Medical Professional, Psychologist and/or School Psychologist, Speech or Language Therapist, Psychiatrist, Licensed Professional Counselor, etc. to support a diagnosed disability.

The terms "Mental Health Disorders" or "Psychiatric Disabilities comprise conditions generally characterized by emotional, cognitive, or behavioral disorders. Among the common chronic conditions in this category are major depressive disorder, bipolar disorder, anxiety disorder, post-traumatic stress disorder (PTSD) and schizophrenia.

The purpose of this documentation is to understand current functional limitations, which support the request for disability accommodations in an academic setting. In providing documentation for individuals with these types of disorders, the following guidelines should be considered:

- The document must be on official letterhead, dated, and signed by a qualified professional, who has
 the training, experience, and licensure relevant to the particular disability. The evaluator must be
 impartial and not related to the person being evaluated.
- The documentation must describe the <u>current</u> functional limitations caused by the disability and how they relate to the accommodations being requested; and must be dated within the last 12 months. If the evaluation is more than 12 months old, a letter signed by a qualified professional stating current level of functioning will be required.
- A description of any known triggers for potential exacerbation of the condition, specifically in a higher education setting.



 Recommendations for academic accommodations based on the impact of the disability, such as assistive technology or adaptive equipment.

Please note that providing documentation does not automatically guarantee that accommodations will be provided. The ACCESS office advisor along with an interactive conversation with the student will determine if reasonable and appropriate academic accommodations are warranted and can be provided to the individual based on the documentation. Each request will be evaluated on a case-by-case basis.

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l,	, request that		complete and		
submit the document below to Co academic accommodations. I con medical evaluations/records to Co notice of revocation.	sent to the release of this in	formation and other pe	rtinent psychological and		
Student's Signature	 Date		DOB		
If under 18 years of age, a parent i	must also sign this request.	Parent's Signature	Date		
Please provide any information pe	_		•		
individual:					



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Student:	Disability:				
Please provide specific and current functional limitations and t	the level of se	verity for th	is individual in a	n education	al setting.
Major Life Activity- Learning	No Impact	Mild Impact	Moderate	Severe	Unknown
Sustaining focus		ппрасс	Impact	Impact	Olikilowii
Attention/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 assignments in timely manner					
Managing stress					
Managing paranoid ideations that may impact learning					
Containing emotions and behaviors					
Interacting with small groups					
Interacting with large groups					
Please list any additional functional limitations for this student	in a post-seco	ndary educa	tional setting:		
Please list any recommendations for academic accommodation	s based on fu	nctional limi	tations you listed	d above:	
Professional's Name (print)	Signature			Date	
Professional's Title (print)	License Number				

Phone Number

Address



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