ST MARY'S COLLEGE of MARYLAND
The National Public Honors College

OFFICE OF ACCESSIBILITY SERVICES
47645 College Drive
St. Mary's City, MD 20686

www.smcm.edu
TEL: 240-895-2250
FAX: 240-895-2234

Documentation Form for Mental Health Disabilities

The information submitted to the Office of Accessibility Services should reflect the most current available information. This Mental Health Disability Form should:

a) **Be completed by a qualified professional.**
b) **Be completed as clearly and thoroughly as possible**. Incomplete or illegible responses may require further follow-up.
c) **Be supplemented by relevant supporting documentation, such as psycho-educational or neuropsychological reports, if applicable.** Please avoid submitting case notes or rating scales without an accompanying narrative that explains the findings.

Submit information to:

Office of Accessibility Services

Glendening Hall 253 & 254
St. Mary's College of Maryland
47645 College Drive
St. Mary's City, MD, 20686

Fax: 240-895-2234
Phone: 240-895-2250
Email: adasupport@smcm.edu

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SMCM Student Name: SMCM Student ID:

Date form is being completed:

1. Clinician's date of first contact with student:

2. Clinician's date of last contact with student:

3. Are you:

   ☐ The diagnosing clinician, but you are no longer treating the individual.

   ☐ The diagnosing clinician who is currently treating the individual.

   ☐ The clinician currently treating the condition, using a diagnosis provided by another clinician.

4. Please provide the complete diagnosis or diagnoses:

5. How was the diagnosis established? Please check all that apply.

   ☐ Structured or unstructured interview
   ☐ Interviews with other person
   ☐ Behavioral observations
   ☐ Other (please specify):
   ☐ Medical tests
   ☐ Medical history
   ☐ Developmental history

6. Describe the limitations resulting from this diagnosis, with specific attention on how these limitations impact classroom and learning behaviors.

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7. Describe the strategies and supports that have previously been effective to address academic limitations. Where possible, provide rationale for their effectiveness.

8. Describe any limitations that could impact housing or dining.

9. Describe the strategies and supports that have previously been effective to address housing or dining limitations. Where possible, provide rationale for their effectiveness.

10. Describe any side effects related to treatment or medication that may be relevant when identifying accommodations.

11. Provide any additional information you feel is pertinent or may be of use in identifying appropriate accommodations.

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Provider information

Provider name (please print):

Provider signature:

License or Certification #:

Address:

Phone: Fax: