

Mental Health Disability Documentation Form

IMPORTANT PLEASE NOTE: This form **cannot** be used to document a learning disorder, ADD/ADHD, or any type of physical condition. It is only to be used by a qualified mental health professional to document one or more mental health conditions. For more information on documentation requirements and guidelines visit <http://www.utsa.edu/disability>.

The person whose name appears below has applied for disability services/accommodations with Student Disability Services (SDS) at the University of Texas at San Antonio (UTSA). In order for SDS to establish whether this student has a disability and to determine eligibility for services, we will need your clinical assessment/diagnosis of this student. A disability is defined as a physical or mental impairment that substantially limits one or more major life activity such as those delineated below. You can fax or mail this form to SDS using the contact information at the bottom of each page. Thank you for your time and assistance in this matter.

To be completed by the student

First Name _____ Last Name _____ Middle Initial _____

UTSA Student ID Number (8 digits) _____ Date _____

Preferred Name _____

1. To be completed by treating professional

List DSM and/or ICD Diagnosis (es) with specifiers, and a description of specific symptoms the student currently experiences (include date diagnosed and duration of treatment)

2. Evaluation (instruments and procedures used to diagnose) i.e. intake evaluation, CCAPS, behavioral observations, history, etc.

3. Current treatment being received by student, counseling (individual, group, etc.)

4. Psychiatry (If currently on medication, list any medications, describe effects, and possible side-effects on the mental health condition you are treating)

5. Overall impression of how symptom/s impact the student's academic functioning (e.g. inability to attend or concentrate). Please describe and list severity level (mild, moderate or severe).

6. Do you know if the student has had accommodations for a disability in the past? If so, please describe.

7. The following table is essential for determining eligibility for accommodations. In order to qualify, a student usually needs more than one limitation in the moderate range or at least one substantial limitation. Please select a rating that reflects the student's limitation(s) when they are NOT well controlled by counseling, medication or other treatment.

	No Impact	Moderate or Substantial Impact (choose one and describe)	Not sure
Attention Span			
Distractibility			
Memory			
Processing Speed			
Abstract Thinking			
Concentration			
Hypervigilance			



Student Disability Services

	No Impact	Moderate or Substantial Impact (choose one and describe)	Not sure
Cognitive Processing			
Panic Attacks (severity, duration, frequency)			
Inability to get out of bed			
Organization			
Stress			
Sleep			
Appetite			
Other:			



Student Disability Services

8. Provider Information

Name and Title: _____

Under Supervision of (if applicable): _____

License #: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Signature: _____