

UF MARTIN

Office of Disability Services

MENTAL HEALTH ACCOMODATION FORM

Student name _____ Student ID _____ DOB _____

Accommodation Requested (check all that apply) ☐ academic ☐ housing

INTRODUCTION

Under the Americans with Disabilities Act Amendments Act (ADA AA) revised in 2008, the term “disability” includes (a) a mental impairment that substantially limits one or more of the major life activities of an individual; (b) a record of such impairment; (c) being regarded as having such an impairment. The ADA further defines mental impairment to include any mental or psychological disorders such as emotional or mental illness. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) is frequently used as guidance for identifying psychiatric, behavioral, and mental health disorders. However, not all conditions listed in the DSM-5 are disabilities or even impairments for purposes of the ADA. Diagnosis by a licensed mental health professional, including licensed clinical social workers, licensed professional counselors, psychologists, psychiatrists and/or an advanced practice psychiatric nurse practitioner is required. The diagnostician must be an impartial evaluator who is not a family member nor in a dual relationship with the student.

ALL QUESTIONS BELOW MUST BE COMPLETED BY A QUALIFIED MENTAL HEALTH PROVIDER

Note to Providers: This assessment should be current (six months to one year), include a clearly stated diagnosis, and must provide information about the significant impact to a major life function, including those expected for a post- secondary experience.

Mental Health Provider Name _____

Credentials and State License # _____

DSM-5/ICD-10 primary diagnosis _____

1. How long have you been providing services to this student? _____

2. What is the date of onset of current episode? _____

3. Date of the most recent therapy visit? _____

4. What is the severity of the disorder? ☐ Mild ☐ Moderate ☐ Severe

Please explain: _____

5. Is the disorder ☐ Acute ☐ Chronic ☐ Episodic?

Please explain: _____

6. Is there evidence that the symptoms currently meet DSM-5 criteria? ☐ Yes ☐ No

If yes, please describe the symptoms. _____

7. Does the diagnosed condition rise to the level of a disability (according to the definition noted above)? ☐ Yes ☐ No

If yes, describe functional impairment: _____

8. Please provide a brief summary of clinical and/or observational data (e.g. recent Mental Status Exam): _____

9. Provide recommendations for academic accommodations (e.g. extra time to complete exams). Include a clear rationale between key components of the diagnosed condition and the accommodation requested. Include any past accommodations recommended and their effectiveness.

10. Provide recommendations for campus housing accommodations (e.g. single room). Include a clear rational between clear components (symptomology, functional limitation) of the diagnosed condition and the accommodation requested. Include any past accommodations recommended and their effectiveness.

11. What parts of the student's academic, social, or campus life experience will the student be unable to access without your recommended accommodations?

12. Please check the extent to which major life activities are affected by the disabling condition:

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know	Not Applicable
ADLs (e.g. hygiene /bathing, etc.)						
Attending class, labs, etc.						
Communicating: writing, verbal						
Concentrating						
Learning						
Living in an unstructured environment such as dorm						
Living with roommate						
Regulating emotions						
Sleeping or waking						
Socializing						
Studying independently, in a group, etc.						
Other (please specify)						

Mental Health Provider Signature: _____ **Date** _____

 **MARTIN**
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