MONTGOMERY
COUNTY COMMUNITY COLLEGE

OFFICE OF DISABILITY SERVICES
disabilities@mc3.edu

Mental Health Disabilities Documentation Guidelines

(Includes but is not limited to: Depressive Disorders, Post-Traumatic Stress Disorder, Bipolar Disorders, and Dissociative Disorders)

Submission of documentation is not the same as the request for services. The request for reasonable accommodations must be initiated by the student once the student is confirmed at the College. The student must schedule and participate in an Intake appointment with the Office of Disability Services so that support services and reasonable accommodations can be discussed in an interactive process. Documentation will be reviewed by the Office of Disability Services prior to the appointment. **The Office of Disability Services is responsible for and will make the final determination of reasonable accommodations.**

- Documentation must be submitted by a licensed clinical social worker (LCSW), licensed professional counselor (LPC), psychologist, psychiatrist, or neurologist, qualified to diagnose and treat the student's condition.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.
- Documentation should include the names, titles, professional credentials, license number, addresses, and phone numbers of the evaluators as well as the date of the report.

Please provide a clear statement of the disability, including the DSM-V diagnosis and a summary of present symptoms.

1. Documentation for eligibility should address the current functional impact(s) of the condition in the educational setting; (the age of effective documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodations);
2. A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized or percentile scores;
3. Medical information relating to the student's needs should include the impact of medication on the student's ability to meet the demands of the postsecondary environment;
4. Suggestions for reasonable accommodations that might be appropriate at the *postsecondary level* are welcome. **Each recommendation should be supported by the diagnosis and clearly linked to the current impact of a functional limitation of the student's disability**.

Disability documentation is confidential and should be submitted only to the Office of Disability Services.

The Office of Disability Services maintains disability files and diagnostic testing information for seven years after the student either graduates, transfers, or leaves the College. After that time, the confidential files are destroyed. If a student does not attend the College but has submitted documentation, the files will be destroyed after two years. Consequently, the student should maintain his/her own copy of the diagnostic information.

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Mental Health Disabilities Verification Form

TO BE COMPLETED BY PSYCHIATRIST / PSYCHOLOGIST / OR OTHER QUALIFIED DIAGNOSTICIAN*

(*as specified in College Guidelines)

The American with Disabilities Act (ADA; 1990; as amended, 2008) and Section 504 of the Rehabilitation Act of 1973 ensure the accessibility and availability of higher education for all qualified persons. Disability Services has the responsibility of implementing provisions of the ADA for persons with **psychiatric/psychological disabilities.** A psychological disability is defined by the ADA as "...a ... mental impairment which substantially limits one or more major life activities. . ." **These are significant, ongoing conditions of more than 6 mos. duration rather than temporary or situational difficulties.**

Disability Services assists students with disabilities by:

1) Establishing eligibility for accommodations
2) Identifying and overseeing the provision of reasonable accommodations.

The Office of Disability Services nor Montgomery County Community College performs evaluations for students with psychiatric/psychological disabilities and the responsibility to any pay for such evaluations is the that of the student.

STUDENT, PLEASE COMPLETE THE SECTION BELOW:

Student's name _____ **Student's Date of Birth** _____

I _____ **give permission for the release of information to**
(Signature of student)
Disability Services for the purpose of determining academic accommodations.

PROFESSIONAL, PLEASE COMPLETE ALL ITEMS BELOW:

1. DSM-V Condition/Diagnosis(es):_____
2. Level of Severity: (circle one) Mild Moderate Severe
3. Date of Diagnosis: _____
4. Last contact with student: _____
5. Describe primary symptoms and approximate date(s) of onset: _____

   _____

   _____
6. Check all relevant functional limitations are substantially limited. _____Walking _____Hearing

   _____Seeing _____Working _____Sleeping _____ Caring for self _____ Interacting with others

   ____Learning (including memory/concentration) _____Performing manual tasks

____Other(s) if other, please explain: _____

7. Please describe this how each functional limitation will affect the individual's ability to participate fully in the post-secondary environment _____

_____

_____

8. Have you any recommendations regarding accommodations to equalize this student's educational opportunities at the post-secondary level? Please state the rationale for each suggested accommodation relating it to a specific functional limitation. _____

_____

9. Is this student currently on medication that may impact his or her performance in the educational setting?

Yes _____ No____ If yes, please explain _____

Other comments: _____

_____

Please attach any other information relevant to this student's social and academic adjustment at the College

_____

Please note that the Office of Disability Services will make all final determinations of reasonable accommodations.

Signature of diagnostic practitioner_____ Date_____

Type of License_____State of License and No._____

Print name and title:_____

Address: _____

Telephone: _____Fax: _____Email:_____

This form will be uploaded by the student to be sent to our office VIA a Secure File Transfer link. If you wish to send a copy to the Office of Disability Services, please use our Secure File Transfer link (https://sft.mc3.edu/filedrop/disabilities) or fax 215-619-7174. If faxed, please include a cover sheet with student's name and birthdate.

Office of Disability Services
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