

# Mental Health Disability Documentation Packet



Disability Resources  
DIVISION OF STUDENT AFFAIRS

This information submitted to Disability Resources should reflect the most currently available information. **This Mental Health Disability Documentation Packet should:**

- a) ***Be completed by a qualified professional.***
- b) ***Be completed as clearly and thoroughly as possible.*** Incomplete responses and illegible handwriting will require additional follow up.
- c) ***Be supplemented with reports which may include psycho-educational or neuropsychological reports, if appropriate.*** Please do not provide case notes or rating scales without a narrative that explains the results.

## Submit Information to:

Disability Resources  
Texas A&M University  
471 Houston Street; 1224 TAMU  
College Station, TX 77843-1224

FAX: (979) 458-1214

EMAIL: [disability@tamu.edu](mailto:disability@tamu.edu)

PHONE: (979) 845-1637

If you want to send in medical documentation in a secure electronic format, you can use an encrypted file share service such as Filex (<https://filex.tamu.edu>) or WeTransfer (<https://wetransfer.com>) then send the link to the encrypted file and the decryption code to [disability@tamu.edu](mailto:disability@tamu.edu).

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First M.I.

1. Date of first contact with this student: \_\_\_\_\_  
Date of last contact with this student: \_\_\_\_\_

2. Disability or disabilities:

Disability: \_\_\_\_\_

Severity: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

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Severity: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

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Severity: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

3. How did you arrive at your diagnosis? Please check all that apply.

- \_\_\_\_\_ Clinical Interview (Structured or Unstructured)
- \_\_\_\_\_ Psychoeducational Testing (Dates of testing: \_\_\_\_\_)
- \_\_\_\_\_ Neuropsychological Testing (Dates of testing: \_\_\_\_\_)
- \_\_\_\_\_ Other – Please specify: \_\_\_\_\_

4. Please **check all that apply** to this student:

**Classroom:**

- \_\_\_\_\_ has difficulty focusing as a result of their disability
- \_\_\_\_\_ is unable to simultaneously take notes and listen to what is being said
- \_\_\_\_\_ is unable to engage peers or work collaboratively

**Exams:**

- \_\_\_\_\_ becomes overly anxious in timed situations (more than typical)
- \_\_\_\_\_ experiences uncontrollable intrusive thoughts when under pressure and/or anxious
- \_\_\_\_\_ engages in repetitive ritual(s) when under pressure and/or anxious
- \_\_\_\_\_ subvocalizes thoughts or statements when under pressure and/or anxious

**Attendance (If any are checked, see question 6):**

- \_\_\_\_\_ is sometimes unable to attend class or other activities due to her/his disability
- \_\_\_\_\_ needs to sometimes leave class or other activities due to her/his disability
- \_\_\_\_\_ needs to take short breaks from class or other prolonged tasks
- \_\_\_\_\_ is not able to take a full course load of classes due to their disability

6. Give ***rationale as to why this student cannot attend class or other activities***, if applicable.

7. Are there ***other ways the student might be impacted*** (socially, in housing, etc.)?

8. Discuss any ***side effects related to treatment or medication*** that may be relevant to identifying accommodations.

9. Please state any *recommended academic accommodations* with rationale.

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

**Provider Information**

Provider Name (Print): \_\_\_\_\_

Provider Signature: \_\_\_\_\_

License or Certification #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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