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  
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](https://filex.tamu.edu)) or WeTransfer ([https://wetransfer.com](https://wetransfer.com)) then send the link to the encrypted file and the decryption code to 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

   Disability: ________________________________________________________________
   Severity: _____ Mild       _____ Moderate       _____ Severe

   Disability: ________________________________________________________________
   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: _____________________________________

**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  
PHONE: (979) 845-1637