

Wheaton College Accessibility Services
Disability due to Mental Health Disorders

Student's Name: _____ DOB: _____

Accommodation Requested (*check all that apply*) academic housing (including emotional support animals)

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 an impairment; or (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. Documentation in languages other than English must be translated by a certified translator – please include a copy of certification credentials.

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 (or Country) License # _____

DSM-5/ICD-10 primary diagnoses _____

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 symptoms and functional impairment.

Student Name: _____

Does the diagnosed condition rise to the level of a disability (according to the definition noted above)?

Yes No

If yes, please describe symptoms and functional impairment.

7. Please provide a brief summary of clinical (e.g. MMPI, PHQ-9, etc.) and/or observational data (e.g. recent Mental Status Exam):

8. 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, eating, etc.)						
Attending class, lectures, labs, etc.						
Communicating – verbal or written						
Concentrating						
Learning						
Living in an unstructured environment such as a residence hall (dorm)						
Living with a roommate						
Regulating Emotions						
Sleeping or Waking						
Socializing						
Studying independently, in a group, etc.						
Other (please specify)						

Student Name: _____

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. a single room, an emotional support animal*). **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?

Mental Health Provider Signature: _____ Date _____

*ESA accommodations – See next page

Student Name: _____

* As part of your treatment of this student, are you recommending an emotional support animal (ESA) as an accommodation to the student's on-campus housing? If so, please complete the questions below.

What is an ESA? An Emotional Support Animal is one that can be kept in residence as prescribed for a person with a disability as a reasonable accommodation to provide him/her an equal opportunity to use and enjoy College housing. Such requirement must be documented by a medical and/or a mental health professional as needed due to one or more identified symptoms or effects of the person's disability.

- 12. Are there other acceptable modalities of treatment (e.g. medication, CBT, etc.) aside from an ESA that could be provided?

- 13. What type of training, experience or expertise do you have in including ESA's into your treatment plans with clients?

- 14. Is there an identifiable and documented nexus between the disability and the assistance that the animal provides? (e.g., a dog helps your client with severe anxiety to have fewer disabling panic attacks)

- 15. Is there evidence that an ESA has helped this student in the past or currently?

- 16. Does your student have a condition which would prevent them from adequately caring for the ESA? (e.g. could a client with Major Depressive Disorder care for a dog if s/he lacks sufficient motivation to walk the dog several times/day?)

Mental Health Provider Signature: _____

Date: _____

Please return completed form to
Autumn Grant Associate Director of Accessibility Services
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