



# Mental Health Disability Documentation Packet

## Disability Services for Students

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.

**COVID-19 Update:** While the university is minimizing in-person interactions and activities, Disability Resources is recommending that documentation and request forms NOT be sent by mail or fax since staff access to these communication mediums may be limited.

For any questions, contact our office at (956) 326-3086. Fax (956) 326-2231

**Submit Information Electronically to:**  
[disabilityservices@tamiu.edu](mailto:disabilityservices@tamiu.edu)



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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
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: \_\_\_\_\_