

Denison University Academic Resource Center

Disability due to Mental Health Disorders

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Healthcare Provider's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

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, 5<sup>th</sup> 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.

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 (please print) \_\_\_\_\_

Credentials and State 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:*

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

6. Is there evidence that the symptoms currently meet DSM-5 criteria? \_\_\_\_ NO \_\_\_\_ YES  
If yes, please describe symptoms and functional impairment.

7. Does the diagnosed condition rise to the level of a disability (according to the definition noted above)?  
\_\_\_\_ No \_\_\_\_ YES If yes, please describe symptoms and functional impairment.

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

9. 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						
Living with a roommate						
Regulating Emotions						
Sleeping or Waking						
Socializing						
Studying independently, in a group, etc.						
Other (please specify)						

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

pg. 3 of 4

10. 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.
  
11. 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.
  
12. 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: \_\_\_\_\_

***Please return completed form to***  
*Academic Resource Center*  
*Denison University, 100 West College Street, 020 Higley Hall, Granville, OH 43023*  
***arc@denison.edu*** Fax: 740-868-1168  
*As part of the review to evaluate the request for a reasonable accommodation, this information will be shared with the Hoaglin Wellness at Denison University*

\*ESA accommodations – Complete Page 4 only if requesting an ESA

\* 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. NOTE: We will accept documentation of a need for an ESA from providers in the State of Ohio or the student's home state.

*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.*

13. Are there other acceptable modalities of treatment (e.g. medication, CBT, etc.) aside from an ESA that could be provided?
  
14. What type of training, experience or expertise do you have in including ESA's into your treatment plans with clients?
  
15. 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)
  
16. Is there evidence that an ESA has helped this student in the past or currently?
  
17. 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?)
  
18. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? Note: An ESA is permitted only in the student's residential room and may not accompany the student in public spaces in residential communities or across campus. (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Mental Health Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed form to***

*Academic Resource Center*

*Denison University, 100 West College Street, 020 Higley Hall, Granville, OH 43023*

***arc@denison.edu*** Fax: 740-868-1168

*As part of the review to evaluate the request for a reasonable accommodation, this information will be shared with the Hoaglin Wellness Center at Denison University*