

Support Services for Academic Success Disability Services

Mental Health Disorders

The following guidelines are provided for evaluators, physicians, medical professionals, students, and family members to guide the process of submitting documentation to the Disability Services office at Capital Community College. Please provide the information on typed letterhead. Documentation for mental health disorders should be comprehensive in nature and current (within six months to one year).

Documentation Requirement Checklist:

In order for the Disability Services office to determine eligibility for academic adjustments for a student, mental health disorder documentation must include the following information. These requirements have been provided in a clear format to follow when preparing documentation for review.

Evidence of Existing Impairment

- Statement of diagnosis(es) or impairment(s) as per the DSM 5 including 1) Axis I Diagnosis(es), 2)
 Axis II Diagnosis(es), 3) Axis III Conditions, 4) Axis IV Psychosocial and Environmental problems and 5) Axis V Global Assessment of Functioning
- Date and/or age of onset of psychiatric disorder
- Date of last psychiatric evaluation; date of last appointment with undersigned professional
- Discussion of co-occurring conditions, if appropriate

Presenting Issues

- Information regarding the individual's presenting issues (ongoing difficulties and behaviors) that impact the individual's ability to function in a postsecondary setting
- Discussion of the nature, frequency and severity of the symptoms upon which the diagnosis(es)
 was predicated

Background History

- Discussion of pertinent background information including developmental, medical, psychosocial, family, academic and employment histories
- Discussion of history of any prior academic adjustments received (whether in high school or at another postsecondary institution)

Current Medications

- List of current medication(s) including dosage(s) and frequency (if applicable)
- Description of any adverse side effects due to medications (if applicable)

Recommendations

 Specific recommendations regarding academic adjustments, auxiliary aids and/or services including a rationale for each based on the student's functional limitations

Evaluator Qualifications

• Name and title, license # with state (if applicable), address, phone number, fax number, e-mail address and signature

*Appropriate professionals include school and/or clinical psychologists, educational therapists, special education teachers, licensed psychiatrists, neurologists, physicians (for medical conditions), and other rehabilitation professionals. Certified/appropriate professionals cannot be family members.

The completed documentation may be given directly to the student to submit or it may be forwarded to the following address:

Capital Community College Disability Services 950 Main Street Hartford, CT 06103

Questions can be directed to: Phone: (806) 906-5204 Fax: (860) 906-5049*

*While faxes are accepted, the Disability Services office encourages the submission of original documents whenever possible.