



Mental Health Disability Documentation Form

This information submitted to the Office of Academic Support & Accessibility should reflect the most currently available information. **This Mental Health Disability Documentation Form must:**

- a) ***Be completed by a qualified professional.***
- b) ***Be completed as clearly and thoroughly as possible.*** Incomplete responses and illegible handwriting may require additional follow up. A letter from the provider may be submitted but must address the same questions/topics in this packet.
- c) ***Be supplemented with reports which may include psycho-educational or neuropsychological reports.*** Please do not provide case notes or rating scales without a narrative that explains the results.
- d) Additional sheets may be attached to expand on any particular section.

How to submit documentation:

- Submit medical documentation in a secure electronic format by using an encrypted file share service such as WeTransfer (<https://wetransfer.com>) and send the link to the encrypted file and the decryption code to academicsupport@lyon.edu.
- Scan and then upload into your Self Report prior to submitting the Self Report
- Deliver in person to
Lyon College
2300 Highland Road
Batesville, AR 72501

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. Are there ***other ways the student might be impacted?***

7. Discuss any ***side effects related to treatment or medication*** that may be relevant to identifying accommodations.

8. Please state any ***recommended academic accommodations*** with rationale.

9. 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: _____