



SPRING HILL COLLEGE

Center for Academic Support and Advising Services
(251) 380-3470 Fax: (251) 380-2147 accommodations@shc.edu

PSYCHOLOGICAL DISABILITIES

A psychological disability is a mental impairment that results in a substantial limitation of one or more major life activities. Students with psychological disabilities often struggle with medication issues, anxiety, and other symptoms associated with their diagnosis.

The services are designed to assist and support students with psychological disabilities to achieve their academic goals. Services include disability management counseling, academic accommodations, information/referrals, academic crisis intervention, and advocacy.

DOCUMENTATION GUIDELINES:

- The documentation must be comprehensive and must discuss current problems associated with the diagnosis. The documentation of psychological disabilities provided to DS must be within **six (6) months to one (1) year old** prior to the student's request for accommodation(s).
- Mental Health Professionals conducting assessments, rendering diagnoses of specific psychological disabilities, and making recommendations for appropriate accommodation(s) must be licensed by the state in which they practice (i.e., psychiatrist, psychologist, social worker, medical doctor, privileged licensed professional counselors).
- The documentation **must** identify a diagnosis of a psychological disorder according to the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition, (DSM-TR).
- The documentation **must discuss** functional limitations caused by the disability in an academic environment in which the student is requesting accommodation(s).
- If the disability is managed by medication, the documentation should list current medication, dosages, and existing side effects.
- Updated documentation may be requested as needed.

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Individualized Registration Counseling
- Extended time on in-class assignments and examinations
- Examinations in a quiet, distraction-reduced environment
- Consideration for absences
- Frequent breaks
- No scantron
- Note taker



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PSYCHOLOGICAL DISABILITY DOCUMENTATION REQUEST FORM

****This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.****

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Student ID# _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, College Policy requires that a Qualified Professional provide current and comprehensive documentation. A qualified professional is a licensed mental health professional *who is not a family member of the student*. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 6 MONTHS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that indicates a diagnosis of a psychological disability (must make a DSM-V TR diagnosis), describes the functional limitations in an educational setting, indicates the severity and longevity of the psychological disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication and any current side-effects which may impact academic performance.

To facilitate the gathering of such critical information, please respond to the following and return to SHC, Disability Services.

1. Diagnosis: _____

2. Date of Diagnosis: _____

3. Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that relates to the psychological disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

5. Describe the student's functional limitations in an educational setting:

6. List current medication along with any current side effects that may impact academic performance:

7. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at SHC as justified based of the functional limitations indicated above.

Please check all that apply:

<input type="checkbox"/> extended time (1.5x)	<input type="checkbox"/> no scantron
<input type="checkbox"/> distraction-reduced environment	<input type="checkbox"/> reader
<input type="checkbox"/> class notes	<input type="checkbox"/> scribe
<input type="checkbox"/> consideration for absences	<input type="checkbox"/> other _____

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Qualified Professional's Signature _____

Printed Name & Title _____

Daytime Telephone Number _____

Address (City and State) _____

Date _____

Spring Hill College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding non-discrimination policies:

EEO/Title IX Officer: Mr. Kevin Abel, 4000 Dauphin Street, (251) 380-3026, kabel@shc.edu; Deputy Coordinators – Dr. Christine Collins, 4000 Dauphin Street, (251) 380-2267, ccollins@shc.edu; Ms. Emily Marcouiller, 4000 Dauphin Street, (251) 380-4472, emarcouiller@shc.edu.
ADA Coordinator: Dr. Steven Almquist, 4000 Dauphin Street, (251) 380-4191, salmquist@shc.edu