

LAFAYETTE COLLEGE

Academic Resource Hub • Accessibility Services

Easton, Pennsylvania 18042-1773 USA • TEL 610-330-5098 • FAX 610-330-3065 • hub.lafayette.edu

Mental Health Related Disability Accommodation Form

To be completed by a treatment provider. This form is offered as a guide and convenience. Accessibility Services will review all formats of documentation submitted. All of the information requested on this form is necessary for the institution to have in order to consider the request for accommodations.

The information on this form should reflect the most current and available information. It should:

- **Be completed by a qualified professional**
- **Be completed as clearly and thoroughly as possible**
- **Be supplemented with reports or additional testing, if applicable.**

Submit information electronically to: resourcehub@lafayette.edu

Provider Information

Provider Name:

Provider Signature:

License or Certification Number:

Address:

Phone:

Today's Date:

Student Information

Student Name:

Student Date of Birth:

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Accommodations are available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”

1. Based on this definition, does the individual have a disability?

Yes No

2. Date of most recent evaluation:

3. Is this student under your care? Yes No

4. Please list disability(ies), diagnostic code and rate the level of impact you believe the student experiences in the college environment.

0 = No impact 1 = Mild 2 = Moderate 3 = Severe

Disability	Diagnostic Code	Level of impact

5. How did you arrive at the diagnosis(es)?

Clinical Interview	<input type="checkbox"/> structured <input type="checkbox"/> unstructured
Psychoeducational Testing	dates of testing:
Neuropsychological Testing	dates of testing:
Other	please specify:

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Please state any recommendations for accommodations with rationale. The rationale should provide information on the functional impact of the condition in the environment. Please be sure to connect the diagnosis(es) to the functional impact.

Academic Accommodations

Recommended (specify below)

Not applicable

Recommended Accommodation	Rationale

Housing Accommodations

Recommended (specify below)

Not applicable

Recommended Accommodation	Rationale

Dining Accommodations

Recommended (specify below)

Not applicable

Recommended Accommodation	Rationale

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Are there other ways the student might be impacted? If so, how?

Discuss any side effects related to treatment or medications that may be relevant to identifying accommodations.

Please provide any additional information you feel is pertinent or may be of use in the accommodation process.

Submit completed information either directly to the student or to Lafayette College, Accessibility Services

**Lafayette College, Accessibility Services | 300 Scott Hall | Easton, PA 18042
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