

# WHEELING UNIVERSITY

## Healthcare Provider Form

### Disability Due to a Mental Health Condition

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STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am requesting that Wheeling University provide accommodations for the following mental health conditions that may qualify as disabilities under the ADA and Section 504:

I am requesting that Wheeling University provide the following accommodations for these disabilities:

I authorize the release of information pertaining to my mental health condition and/or disability to Wheeling University's Disability Services and Testing Center in connection with my request for accommodations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### INTRODUCTION

Students who are seeking disability services through Wheeling University's Disability Services and Testing Center on the basis of a diagnosis of a mental health condition are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended.

**Under the Americans with Disabilities Act Amendments Act (ADA AA) revised in 2008, the term "disability" includes (a) an 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 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 may be disabilities or 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) \_\_\_\_\_

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

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

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

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

7. Please check the extent to which major life activities are affected by the disabling condition.

<b>Life Activity</b>	<b>No Impact</b>	<b>Mild Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>	<b>Don't Know</b>	<b>Not Applicable</b>
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)						

8. 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.
9. Provide recommendations for **campus housing** accommodations (e.g. a single room, an emotional support animal\*). Include a clear rationale between clear components (symptomology, functional limitation) of the diagnosed condition and the accommodation requested. Include any past accommodations recommended and their effectiveness.
- \* If requesting an emotional support animal (ESA), please complete the Emotional Support Animal Section, below.
10. What parts of the student's academic, social, or campus life experience, if any, will the student be unable to access without your recommended accommodations?

**Mental Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please return completed form to***  
*Disability Services & Testing Center*  
*Wheeling University, 340 Donghue Hall, Wheeling, WV 26003*  
***updated email address Fax: updated fax***

*As part of the review to evaluate the request for a reasonable accommodation, this information will be shared with*  
*Judy Bilyeu, Campus Nurse, Wheeling University Health Center.*

## EMOTIONAL SUPPORT ANIMALS (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.

*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 University housing. Such requirement must be documented by a medical and/or mental health professional as needed due to one or more identified symptoms or effects of the person's disability.*

1. Are there other acceptable modalities of treatment (e.g. medication, CBT, etc.) aside from an ESA that, if provided, would treat one or more of the student's symptoms at least as effectively as an ESA?
2. What type of training, experience or expertise do you have in including ESA's into your treatment plans with clients?
3. Is there an identifiable and documented nexus between the student's disability and the assistance that an ESA is expected to provide? If yes, please explain.
4. Is there evidence, clinical or otherwise, that an ESA has helped the student? If yes, please explain.
5. Does the student have a condition that you expect to prevent the student from caring for the animal? If yes, please explain.
6. Have you discussed with the student the responsibilities associated with properly caring for an animal while the student is 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 yes, please explain.,

**Mental Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_