

**INITIAL REQUEST
FOR DISABILITY ACCOMMODATION**



APPALACHIAN
SCHOOL OF LAW

FORM F (Mental Health Impairments)

1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-244-1291

Email: cfox@asl.edu

Student Information:

First Name Middle Initial/Name Last Name Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

Student Signature

Date

The student named above has self-identified as a student with a mental health disorder/impairment that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this disorder/impairment. You may choose to answer the questions on this Form or to attach a separate letter or report that addresses these items.

In order to determine eligibility and to provide services, Appalachian School of Law requires

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documentation of the student’s disability. Under Title III of the Americans with Disabilities Act (“ADA”), Section 504 of the Rehabilitation Act of 1973 (“Sec. 504”), and the ADA Amendments Act of 2008 (“ADAAA”), qualified individuals with a disability are protected from discrimination and may be entitled to reasonable accommodations necessary to ensure equal access to ASL’s programs and activities.

To establish that an individual has a disability under the law, documentation must indicate that a current impairment exists, and that the identified impairment substantially limits one or more major life activities. Whether an individual is “substantially limited” is based upon comparison to an average person in the general population (not the average law student). The negative effects of corrective and mitigating measures (i.e., side effects of medication, burdens associated with a treatment regimen, etc.) may be considered in determining whether an individual is substantially limited in a major life activity. A diagnosis of a disorder or impairment does not automatically qualify an individual for accommodations. The documentation must also address the current functional limitations on the student and support the need for the recommended accommodations.

Name of qualified professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Occupation and specialty: _____

License number/Certification/Licensing Entity/State: _____

1. Is the student’s impairment within your field of expertise? _____

2. Describe your qualifications and experience to diagnose, treat, and/or verify the student’s impairment and to recommend accommodations.

3. What is the student’s diagnosis? Please include DSM-V or ICD-10 codes. Please describe the specific symptoms the student experiences.

a. Please describe the impact on academic functioning of the student’s symptoms (e.g., impact on study skills, classroom behavior, test-taking, organizing research).

4. Please address the student’s psychological/psychiatric history; relevant developmental, educational, and familial history; relevant medical history; results of full mental status examination; results of any tests or diagnostic instruments used to support the clinical interview; diagnostic formulation, including discussion of differential or “rule out” diagnoses; and prognosis.

5. Is the student being treated for this disorder/impairment? _____
a. If yes, briefly describe the treatment.

6. Please describe the functional limitations of the student’s impairment and all major life activities that are currently substantially limited by the student’s impairment. If the student is not currently substantially limited in any major life activity, so state.

7. What remediation techniques have been attempted to alleviate the student’s impairment in academic settings? Have they been successful?

8. Describe the accommodations you are recommending for this student. Please be as specific as possible and describe why each recommended accommodation is necessary due to the specific current functional limitations of the student. If you are aware of prior accommodations granted to the student in the academic setting, please list those. If you are recommending that the student be granted additional time on tests, please list the extension recommended (e.g., 25%, 50%). Please state whether your recommendation for additional time is limited to significant tests (10% or more of a student's grade for a course; tests with a standard exam time of one hour or more) or extends to all testing (including in-class quizzes that individually may account for less than 10% of the student's grade in a particular course; tests generally allotted less than one hour for completion).

9. Please provide any additional information that you believe will be helpful to ASL in considering the accommodations that you are recommending.

Signature of Qualified Professional

Date

