



Disability Services Clinician Form

Mount Holyoke College offers services on an individual basis to students with documented disabilities. Please certify the student's disability diagnosis and return the form to us as soon as possible. This information is confidential and will be used to help determine eligibility for services and accommodations. The information provided by you regarding the student will be disclosed only as necessary to the faculty and staff involved with coordinating services and providing accommodations.

Documentation may consist of completing this form and a diagnostic report if applicable. For diagnosed Learning Disabilities or Attention Deficit Disorder, enclose a psychoeducational evaluation including test scores and recommendations that are within the past three years.

Please refer to our [documentation standards](#):

(<https://www.mtholyoke.edu/directory/departments-offices-centers/disability-services/accommodations/documentation-requirements-and-standards>)

The term "disability" means, with respect to an individual:

- a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- b) a record of such an impairment; or
- c) being regarded as having such an impairment.

Our ability to respond to students' requests for accommodations is dependent on receiving appropriate documentation. Failure to submit appropriate documentation in a timely manner may jeopardize our ability to provide reasonable accommodations and services for students. The College reserves the right to determine what is a reasonable accommodation. Service providers will review each student's documentation and work with students individually to determine appropriate and reasonable accommodation.

Forward completed forms and attached information to:

Disability Services
Mount Holyoke College
50 College St.
South Hadley, MA 01075-1487

Phone(413)538-2634

Fax(413)538-2827

Email disability-services@mtholyoke.edu

Please Note: This form is to be completed by a Licensed Provider. This form **may not** be completed by student's family member.

Disability Services Clinician Form

Student Name:
 Class Year:
 Date of birth:
 Address:
 City, State, Zip:

Please clearly print or type all information.

A. Clinician Information

Clinician Name:
 Certification/Credentials:
 State Licensure Number (if applicable):
 Agency/Institution:
 Clinician Address:
 Clinician City, State, Zip:
 Clinician Area Code /Telephone:
 Length of Time Working with Student:
 Most Recent Evaluation:

B. Information on Diagnosis

Diagnosis	Date / Time of onset	Description of Degree of Impairment or Limitation	Meets the Definition of Disability (see pg. 1) (Yes / No)



Student Name:

Student Date of birth:

C. Nature of Disability

Explain the current functional limitations imposed by the condition. Indicate how the disability interferes with or limits any facet of a major life activity, including current participation in courses, programs, residential life, or activities of the College. Include the impact of medication or other treatments.

Specific duration, stability, or progression of the condition. Current treatment / follow-up plan:

Recommendations may be taken in to consideration during the interactive process of establishing eligibility, but Disability Services reserves the right to determine the reasonableness of accommodations. Recommended Accommodations:

Clinician Signature:

Date: