Directions: The student or a helpful person should: 1.) Review the following website about the documentation process at UWRF: go.uwrf.edu/document; 2.) Complete side one of this form, use additional paper if needed; 3.) Provide the form and any additional paper to an appropriate/licensed expert and ask to have the reverse side completed; 4.) Make a plan with the expert so the completed form is submitted to the Ability Services office.

It’s strongly recommended you should also submit the summary from a formal “diagnostic evaluation” that’s focused on your issue. Please ask your expert if it’s possible to send Ability Services that kind of summary.

Student’s name (please print) ____________________________________________________________

1. Please identify your medical, physical, sensory, or brain related issue and explain its history: the initial difficulties it caused; special services or accommodation you received; if any of those things changed over time.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

2. Please explain all the current signs (symptoms) which indicate the issue still exists.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

3. Please explain how the issue has the potential to disrupt important aspects of your college education. (Aspects are things like: reading; taking tests; writing lecture notes; completing assignments; giving speeches or presentations; studying; attending class; living in a residential hall, etc.).

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

4. Please indicate the accommodation(s) you’ll need.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student’s signature ___________________________________________ Today’s date ________________
To the licensed expert: A civil rights law may require UWRF to arrange accommodation. However, this can require scarce resources and briefly alter the reliable ways a busy university promotes organized functions. Thus by legal precedence, before accommodation is arranged the student is expected to submit documented information from a qualified expert to delineate a substantial need. Sufficient details should be described and for a layperson’s comprehension. Under FERPA (federal law) the information acquires confidential status; unless a significant risk for harm seems imminent only the student and top staff of Ability Services will have access to this document. If you’re a clinician without a doctor degree please seek the co-signature of an appropriate doctor (below*).

Student’s name (from reverse side) ________________________________________________

1. Please indicate your: a.) credentials, and, b.) the clinical training you received to diagnose the student’s issue.

2. How long have you served the student? ___________________ Date of your last evaluation? ______

3. What methods were used to evaluate the student? ______________________________________

4. What is the formal diagnosis? If multiple diagnoses, please list all that will impact the student at UWRF.

5. What diagnostic symptoms does the student have, including their magnitude and frequency? Please provide details of the student’s distinct situation, vs a textbook like summary about the diagnosis in general.

6. In relation to # 3 on reverse side, please explain the functional-limitations the diagnosed condition causes and recommend accommodating circumstance that could offset the limitations.

I’ve read the statements on the reverse side. My signature (below) means I consider them accurate, the difficulties described are substantial, and I recommend the listed accommodations.

Clinician’s printed name ___________________________ Professional title ______________

Professional license # ___________________________ Agency ______________________________________

Address ___________________________________________ Phone ____________________________

Clinician’s signature ___________________________ Date __________________

*Co-signer’s printed name ___________________________ Professional title ____________________

Professional license # ___________________________ Signature __________________________ Date __________

Please send this form to UWRF as soon as possible, or let the student submit it. Thank you for your valuable time!

Fax (securely located machine): 715-425-0742 Email: mark.r.johnson@uwrf.edu Office phone: 715-425-0740
Postal address: University of Wisconsin-River Falls, Ability Services, 410 South Third Street, River Falls, WI 54022.

Side 2.