Collaborative Documentation Form
Ability Services Office

Directions: The student or a helpful person should: 1.) Review the following website about the documentation process: http://www.uwrf.edu/AbilityServices/Start/DocumentingADisability.cfm; 2.) Complete this side of the form, use additional paper if needed; 3.) Ask an appropriately licensed expert to complete the reverse side; 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 formal summary from a “diagnostic evaluation” that was 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 explain the history of your medical, physical, sensory, or brain issue (the initial difficulties it created; professional services and accommodation you received; how any of those things changed over time).

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2. Please explain the current symptoms of the issue. (What is currently like?)

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3. What accommodations are needed to prevent the issue from disrupting your college education?

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4. Please explain how the issue creates a need for the accommodations. (How does it make important aspects of college more difficult? Important aspects of college can be things like: taking tests, taking lecture notes, lots of reading, lots of writing, attending class, using stairways, living on campus, etc..)

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Student’s signature ____________________________________________ Today’s date __________
To the Licensed Expert: Arrangement of accommodation may require scarce resources and alter the dependable ways of promoting organized functions at a busy university. It’s one reason a civil rights law can govern this matter. By legal precedence, before receiving accommodation a student is expected to submit documented information from a qualified expert to delineate a substantial need. Sufficient details should be described for a layperson’s comprehension. The information acquires confidential status under FERPA; unless a significant risk for harm seems imminent only the top staff of Ability Services and student may access it. 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 describe your credentials and training for the issue of concern (some clinicians attach a vitae).

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 symptoms does the student experience in relation to the diagnosis? Please indicate, their magnitude, frequency, and note any other important factors.

6. Please explain the substantial functional-limitations the symptoms cause in relation to concerns the student has identified for #3 on reverse side, and make any recommendations for accommodating the student.

I’ve read the statements on the reverse side. My signature (below) means I consider them accurate, they describe significant difficulties caused by the diagnosis, 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.