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 this form using 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 related issue: initial difficulties it created; professional services and accommodation you received; how any of those things changed over time.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Please explain the current symptoms of the issue.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Please explain how the issue has the potential to disrupt your education or other important aspects of college. (If it actually does, explain how it disrupts your ability to do things like: take tests; write lecture notes; complete reading assignments; complete writing assignments; attend class; live 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 reliable ways that organized functions occur at a busy university. 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, yet 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 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 functional-limitations the diagnosed condition creates for the student, especially in relation to learning and being at UWRF, and make any recommendations for accommodating the limitations. ________________________________________________________________

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

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.