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.

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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. Please explain what the issue is currently like.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3. Please explain how the issue has the potential to disrupt your education and/or any other important aspects of college. (Aspects of college are things like: taking tests; taking lecture notes; reading; writing assignments; giving speeches and 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.