Directions: The student or a helpful person should: 1.) Review this website about the kinds of information that should be included on this form: http://www.uwrf.edu/AbilityServices/Start/DocumentingaDisability.cfm; 2.) Fill out side one of this form; 3.) Ask an appropriately licensed expert to fill out side two; and, 4.) Make some kind of plan with the expert so the completed form gets submitted to Ability Services. Feel free to use additional paper. In addition to this form it’s strongly recommended that you should also submit the summary of a diagnostic evaluation (that was written by an expert). Please ask your expert if that will be possible.

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).
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

3. Please identify the important aspects of college the issue makes more difficult, and explain how it makes each of them more difficult. (Important aspects of college can be things like: tests, lecture notes, reading assignments, writing assignments, class attendance, living on campus, having a job on campus, etc.)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

Student’s signature ____________________________________________ Today’s date _______________
To the Licensed Expert: Arrangement of accommodation is governed by a civil rights law. For a single student it can consume scarce resources and require a busy university to alter the dependable routines that are used to maintain organized functions. Thus, by legal precedence, before accommodation is arranged a student is expected to submit documented information from a qualified expert to delineate a substantial need. The details should be described for a layperson’s comprehension. This information will have confidential status under FERPA; unless a risk for harm seems imminent only the student and staff of Ability Services will have access. If you’re a clinician without a doctor degree please seek the co-signature of an appropriate doctor.*

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.