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.) Fill out side one of this form, use additional paper if needed; 3.) Ask an appropriately licensed expert to fill out side two; 4.) Make some kind of plan with the expert so the completed form is received at Ability Services. In addition to this form it’s strongly recommended you should also submit the summary of a diagnostic evaluation that was written by the expert. Please ask your expert for a copy of such an evaluation and submit it to this office.

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 that 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 can require scarce resources and alter the routine ways of promoting organized functions at a busy university. These are reasons a civil rights law can govern the matter. By legal precedence, before accommodation is arranged the student is expected to submit documented information from a qualified expert to delineate a substantial need. It should be sufficiently detailed and written for a layperson’s comprehension. The information acquires confidential status under FERPA; it’s kept under lock and unless a risk for harm seems imminent only the student and top staff of Ability Services 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 # ____________________________ 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