Directions: The student completes this side, then asks a licensed expert to complete the reverse side.

Student’s name (please print) ____________________________________

1. Please explain the background of a medical, physical, sensory, or brain issue (initial difficulties it created; professional services and accommodation you received; how any of those things changed over time).
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. Please explain what the issue is currently like. What are the symptoms?
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. Please list the important aspects of college the issue makes more difficult, and explain how it makes each of them more difficult. (Examples of important aspects of college are: 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:
Accommodation can require scarce resources and alter the dependable routines that a busy university relies on 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 confirm a substantial need. The details should be described for a layperson’s comprehension. Federal law (FERPA) gives the information confidential status; unless a risk for harm seems imminent only the staff of Ability Services and student will have access. 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 ________________

Thank you for your valuable time! Please send this form to UWRF as soon as possible or let the student submit it.
Fax (securely located machine): 715-425-0742   Email: mark.r.johnson@uwrf.edu   Office phone: 715-425-0740
Address: University of Wisconsin-River Falls, Ability Services, 410 South Third Street, River Falls, WI 54022.