

## Services for Students with Disabilities

### Disability Documentation Requirements

To ensure the provision of reasonable and appropriate accommodations on the basis of a disability, students requesting accommodations must provide documentation of their disability as defined by federal law. Title II of the Americans with Disabilities Act (ADA) of 1990 *as amended* and Section 504 of the Rehabilitation Act of 1973 define a disability as a **physical or mental impairment that substantially limits one or more major life activities**. Disability documentation must include:

- a clear diagnostic statement,
- information on the severity of the condition and the resulting impact on a major life activity, and
- details of the typical progression or prognosis of the condition.

In addition, eligibility for academic accommodations is based on the following:

- data in the documentation that clearly demonstrates that a student has one or more functional limitations within an academic setting, and
- these functional limitations require accommodation in order to achieve equal access.

Each accommodation is determined on an individual basis and made available to the extent it meets the students' disability-related needs in an educational setting and does not compromise the academic integrity of the university program.

The attached form may be used to facilitate gathering the necessary documentation. The student should complete and sign the statement below authorizing release of the necessary information and then have their medical provider or otherwise appropriately licensed professional complete this form in its entirety. Psychological/psychiatric reports may also be attached if available.

**Please mail or fax the signed Release of Information and completed Verification form to:**

### RELEASE OF INFORMATION

Student ID: \_\_\_\_\_ I am attending: UW-Eau Claire \_\_\_\_\_ UW-Barron County \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of requested information to the **Services for Students with Disabilities Office** at the **University of Wisconsin-Eau Claire** for the purpose of verifying my status as an individual with a disability and determining my eligibility for educational accommodation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

*I understand that, in accordance with federal privacy laws, information regarding my disability will be maintained confidentially and shared only on a "need to know" basis. University employees and SSD student employees may become aware of my approved accommodations to facilitate the provision of services.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that this form must be completed by a licensed physician, psychiatrist, clinical psychologist, or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual to whom this information applies.

## Disability Verification Form

Please complete all components of this form. Inadequate or incomplete information and/or illegible handwriting will delay the eligibility review process.

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

(Please provide a clear diagnostic statement or DSM-IV TR codes or DSM V and description)

**Current Level of Severity** (Must check one)    Mild \_\_\_\_    Moderate \_\_\_\_    Severe \_\_\_\_

**Date of Diagnosis** \_\_\_\_\_    **Date of Last Appointment** \_\_\_\_\_

**How often do you regularly meet with this patient/student?** \_\_\_\_\_

**Is this diagnosis/condition considered temporary (< 6 month duration)?** \_\_\_\_\_

### Resulting Impact to a Major Life Activity

Complete the following by comparing patient/student to same age peers in the general population.

**Limitation is:**            0 = None/Unknown            1 = Mild/Moderate            2 = Substantial/Severe

0	1	2	Major Life Activity		0	1	2	Major Life Activity
			Caring for oneself					Speaking
			Performing manual tasks					Breathing
			Seeing					Learning
			Hearing					Reading
			Eating					Concentrating
			Sleeping					Thinking
			Walking/Standing					Other:
			Lifting/Carrying/Bending					Other:
			Working					Other:

**What is the typical progression or prognosis of this condition for this patient/student?**

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**List any medication(s) prescribed and side effects currently impacting this patient/student:**

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**Functional limitations and recommendations for accommodation within an academic environment:**

(\*Disability-related accommodations are intended to ensure equal access and should be based on educational assessment procedures or thorough clinical interviews and observations.)

Functional limitation in an <u>academic environment</u> .	Recommended <u>academic accommodation</u> .

**What methods did you use to arrive at your diagnosis/recommendations? *Please check all relevant items.***

- |  |  |
|--|--|
| <input type="checkbox"/> Structured or unstructured clinical interviews with the student           | <input type="checkbox"/> Interviews with other individuals             |
| <input type="checkbox"/> Developmental history   | <input type="checkbox"/> Medical history                               |
| <input type="checkbox"/> Standardized &/or <input type="checkbox"/> Non-standardized Rating Scales | <input type="checkbox"/> Neuropsychological/Psycho-educational Testing |
| <input type="checkbox"/> Other (please specify): _____   |  |

**\*Please attach any assessment data and interpretive reports that would be helpful in determining appropriate accommodations.**

**Licensed Professional information/Credentials Contact information must be legible.**

Name (print):	Clinic/Agency Name if applicable:
Title/Professional Credentials	License #
Street Address:	Phone #
City/State/Zip	Fax #
Licensed Professional's Signature	<i>Thank you</i>

## ***Guidelines for Disability Documentation***

*Adapted from: Educational Testing Service Policy Statement for Documentation of ADHD in Adolescents and Adults and various postsecondary institutions who utilized these same sources in developing their documentation guidelines.*

For the purpose of providing accommodations, disability documentation must both establish existence of a disability and provide information on the current impact of the disability so that appropriate accommodations can be determined. If a student with a disability is in need of academic accommodations (i.e., extended time on tests, a separate testing room, etc.), it is in the individual's best interest to provide relevant testing results. Neuropsychological/psycho-educational testing can help determine impact of the disorder on the individual's functioning as well as provide supporting evidence of academic needs. The following guidelines are provided to ensure that evaluation reports provide clear rationale for accommodations. The office of Services for Students with Disabilities is responsible for reviewing disability documentation and determining reasonable accommodations in the post-secondary setting.

1. A licensed professional must conduct the evaluation. Psychologists, neuropsychologists, psychiatrists and other trained medical doctors are professionals generally qualified to evaluate and diagnose as well as provide recommendations for accommodations.
2. Documentation must be current. In most cases, this means within three years, and older documentation will be reviewed on a case-by-case basis. The provision of accommodations and services is based upon assessment of the current impact of the student's disability on learning in an academic setting. If changes have occurred in the student's performance since the last assessment, the student may be required to submit updated information.
3. Documentation must be comprehensive. Interpretation of data from formal evaluation procedures, clinical narratives, and the individual's self-report must reflect a substantial limitation in the area of learning for which the individual is requesting accommodation. The evaluator must provide written details explaining why each accommodation is recommended and supported by interviews, observations, and/or testing of the individual.

### **Other Essential Elements of Quality Documentation/Evaluation Reports:**

- A medical or clinical diagnosis based on DSM-IV or DSM-5 criteria.
- Summary, description, and interpretation of the diagnostic methodology used (formal assessment instruments that include standard scores and percentiles, observations, clinical interview, etc.) which supports the diagnosis and its impact within the current educational environment.
- A clear statement specifying the major life activities, including learning, that are affected to a substantial degree because of the disability.
- A description of the specific symptoms/functional limitations that may affect the student's current academic performance.
- Medications the student is taking as well as a description of any limitations that persist even with medication.
- Description and evaluation of the effectiveness of other past or current interventions implemented.
- Co-existing conditions, including medical and/or learning disabilities that should be considered in determining reasonable accommodations.

### **Submit evaluation reports (on letterhead, dated, & signed) to:**

Services for Students with Disabilities  
University of Wisconsin-Eau Claire  
105 Garfield Ave, P.O. Box 4004  
Centennial Hall 2106  
Eau Claire, WI 54702-4004  
Fax: 715-318-5559  
Email: SSD50@uwec.edu

Solution Center  
University of Wisconsin-Barron County  
1800 College Drive  
Meggers Hall 161  
Rice Lake, WI 54868  
Fax: 715-318-5301  
Email: uwecbeinfo@uwec.edu