Services for Students with Disabilities

Psychological 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 his/her 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:

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: 715-831-2651

RELEASE OF INFORMATION

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
Psychological 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 and description.)

Axis I. __________ Code ____________________________

Axis II. _______ Code ____________________________

Axis III. _______ Code ____________________________

Axis IV. _______ Code ____________________________

Axis V. _______ Code ____________________________

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

<table>
<thead>
<tr>
<th>Limitation is:</th>
<th>Major Life Activity</th>
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<th>Limitation is:</th>
<th>Major Life Activity</th>
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<tbody>
<tr>
<td>0 1 2</td>
<td>Caring for oneself</td>
<td>0 1</td>
<td>2 Speaking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performing manual tasks</td>
<td></td>
<td>Breathing</td>
<td></td>
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<tr>
<td></td>
<td>Seeing</td>
<td>0 1</td>
<td>2 Learning</td>
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<tr>
<td></td>
<td>Hearing</td>
<td>0 1</td>
<td>2 Reading</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating</td>
<td>0 1</td>
<td>2 Concentrating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sleeping</td>
<td>0 1</td>
<td>2 Thinking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lifting/Carrying/Bending</td>
<td>0 1</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>Working</td>
<td>0 1</td>
<td>2 Other:</td>
<td></td>
</tr>
</tbody>
</table>

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

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


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.)*

<table>
<thead>
<tr>
<th>List how this diagnosis functionally limits this student in an academic environment.</th>
<th>Recommended accommodation in an academic environment.</th>
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</tbody>
</table>

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

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

- [ ] Structured or unstructured clinical interviews with the student
- [ ] Interviews with other individuals
- [ ] Developmental history
- [ ] Medical history
- [ ] Standardized &/or [ ] Non-standardized Rating Scales
- [ ] Neuropsychological/Psycho-educational Testing
- [ ] 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.*

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Clinic/Agency Name if applicable:</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Title/Professional Credentials</td>
<td>License #:</td>
</tr>
<tr>
<td>Street Address:</td>
<td>Phone #:</td>
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<tr>
<td>City/State/Zip</td>
<td>Fax #:</td>
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<tr>
<td>Licensed Professional’s Signature</td>
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Thank you