University of Wisconsin Eau Claire | Barron COUNTY

Phone: (715) 836-5800 Fax: (715) 318-5559 Email: ssd50@uwec.edu

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 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.

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 or DSM V and description.)

Axis I. ________ ____
Code

Axis II. ________ ____
Code

Axis III. ________ ____

Axis IV. ________ ____

Axis V. ________ ____

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?

____

____

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

____

____

Functional limitations and recommendations for accommodation <u>within an academic environment</u>:
(*Disability-related accommodations are intended to ensure equal access and should be based on educational assessment procedures or thorough clinical interviews and observations.)

List how this diagnosis functionally limits this student in an academic environment.	**Recommended accommodation in an academic environment.**

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

- ☐ Structured or unstructured clinical interviews with the student
- ☐ Developmental history
- ☐ Standardized &/or ☐ Non-standardized Rating Scales
- ☐ Other (please specify):______________________________
- ☐ Interviews with other individuals
- ☐ Medical history
- ☐ Neuropsychological/Psycho-educational Testing

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

Licensed Professional information/Credentials ***<u>Contact information must be legible.</u>***

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