Learning and Psychological Disability Documentation

Students with documented disabilities have the right to request information and necessary accommodations from the Universities of Wisconsin as stipulated in Section 504 of the Rehabilitation Act and in the Americans with Disabilities Act. Please provide documentation of the student’s disability as it relates to their request for reasonable accommodation in their Independent Learning courses.

Student Name (Last, First): _____________________________________________________________________

1. DSM-IV diagnosis: ______________________________________________________________________

2. Date of initial diagnosis: _________________  3. Date of last contact with the student: _____________

4. Instruments/procedures used to make diagnosis: _____________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

5. Level of severity:       mild       moderate       severe

6. If student is taking medications related to this condition, please list: _____________________________
   _______________________________________________________________________________________

7. Description of student’s functional limitations as a result of this condition and how they might impact
   this student’s academic activities i.e. reading, notetaking, concentration, memorizing, interpersonal
   communications, etc.
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

Signature: _____________________________________________            License #: ______________________
Print name and Title: ________________________________________________________________________
Address: __________________________________________________________________________________
Phone: _______________________________________________             Date: _________________________

Please return completed form to the student.
For questions regarding the form, please reach out to us at:
   Email:   AccessibilityServices@uwex.wisconsin.edu
   Website:  il.wisconsin.edu
   Toll Free:   1-877-UW-LEARN (895-3276)
   Local:  608-262-2011