



Directions: The student or a supporting person should: **1.)** Review an explanation of the documentation process at this website: go.uwrf.edu/document; **2.)** Complete page one of this form, use additional paper if needed; then, **3.)** Give the completed information to an appropriate expert and ask to have page two completed; **4.)** Discuss your request with the expert and encourage they complete all parts on their page and submit all pages to our office as soon as possible.

It is strongly recommended you submit a formal evaluation summary that was focused on your issue. Please ask your expert if it is also possible to send the UWRF-Disability Resource Center that kind of paperwork/documentation.

Student's name (please print) _____

1. Please **identify** your medical, physical, sensory, or brain related issue(s). _____

2. Please explain the issue's **history** (the initial difficulties it caused, the accommodations or services you received for it, how any of those things changed over time).

3. Please explain **all the current circumstances (signs)** which indicate the issue still exists.

4. Please explain **how the issue has the potential to disrupt important aspects of your college education**. (Important aspects means things like: writing lecture notes; reading textbooks; taking tests; completing assignments; making speeches or presentations; attending class; studying; living in a residential hall, etc.)

5. Please identify the **accommodation(s) that will be important to have** at UWRF.

Student's signature _____ Today's date _____

To the licensed clinician: The completion of this form is necessary for a UWRF student to request individualized accommodations at UWRF. The provision of accommodation is based upon assessment of the **current** impact of the condition(s) on academic performance and access to educational activities.

- Please answer in layman's terms, except for #5 where use of DSM-5 or ICD-10 terminology is needed.
- Note that #6 must list the magnitude and the frequency of the symptoms to be considered complete.
- **Please review what the student has written on the reverse side before completing the below information.**

1. Student's name _____
2. How long have you known the student? _____
3. Date of your last evaluation? _____
4. What methods were used to evaluate the student? _____
5. What DSM-5 or ICD-10 diagnosis/diagnoses does the student have that will impact the student at UWRF?

6. What are the symptoms of this diagnosis/diagnoses, the magnitude, and the frequency?

SYMPTOM	MAGNITUDE	FREQUENCY

7. Explain how the diagnosed condition(s) could impact important things the student must do for a college education.

8. Note any disagreements and/or make other recommendations to the accommodations the student is requesting.

My signature below signifies that I have read the statements on the reverse side and consider the difficulties described as being substantial, accurate and recommend the accommodations that are listed.

Clinician's printed name _____ Credentials _____

Professional license # _____ Years in practice _____

Clinic/Agency name _____ Phone _____

Address _____

Clinician's signature _____ Date _____

Federal laws provide confidential status of this form and only the student and limited university staff will be permitted access to this information.

When completed, please fax to 715-425-0742 or send with the student. If you have questions, contact Disability Resource Center professional staff at 715-425-0740, or drc@uwrf.edu.