



**GENERAL DISABILITY DOCUMENTATION**

(To be completed by a qualified medical doctor/physician, psychiatrist, or psychologist)

**Introduction**

The Disability Resource Center provides academic services and accommodations for students with disabilities. Students are required to provide documentation that verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Amended Act (2008). These laws define a disability as a physical or mental impairment that *substantially limits* one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly demonstrates a student has one or more functional limitations in an academic setting, and that one or more accommodations is needed to achieve equal access.

A client of yours has requested disability-related services. As this client's treating clinician/specialist, you are asked to provide the following information to allow the university to consider this client's service request(s). \*You may attach any additional documentation as seen fit\*

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
*(Please type or print neatly. Use a separate paper if needed)*

**1. Diagnosis:**

<b>What is the diagnosis?</b>	
<b>Date of original diagnosis:</b>	
<b>Is the client currently under your care?</b>	<b>Yes</b> <span style="margin-left: 150px;"><b>No</b></span>
<b>When did you last see the client?</b>	
<b>Is this condition temporary (&lt; 6 months) or persistent?</b>	
<b>Please identify factors that may affect the severity of the condition (e.g., to what degree might the condition be minimized by medication, hearing aids, etc.?)</b>	
<b>Alternatively, could there be an adverse effect (e.g., medication side effects)</b>	

**2. Functional Impact Assessment: Please rate the frequency/duration and severity (using "x") of the condition's impact on major life activities to the best of your knowledge. For comparison purposes, please use same age peers in a postsecondary setting.**

Major Life Activity	Frequency/Duration 0-4 scale: 0=never, 1=rarely, 2=intermittent 3= daily/frequent, 4=chronic	Severity			
		Unknown N/A	Mild	Moderate	Severe
<b>Caring for oneself</b>					
<b>Talking</b>					
<b>Hearing</b>					
<b>Breathing</b>					

*(Continued on next page)*



Functional Impact Assessment, continued:

Major Life Activity	Frequency/Duration 0-4 scale: 0=never, 1=rarely, 2=intermittent 3= daily/frequent, 4=chronic	Severity			
		Unknown N/A	Mild	Moderate	Severe
Seeing- Close Distance					
Seeing- Long Distance					
Lifting/Carrying					
Sitting					
Performing Manual Tasks					
Eating					
Sleeping					
Standing/Walking					
Learning					
Reading					
Writing					
Spelling					
Calculating					
Concentrating					
Memorizing					
Listening					
Speaking					
Other					

3. If applicable, state **specific accommodation recommendations** for this student, and a **rationale** as to why the accommodation is necessary (e.g. if a note taker is suggested, explain how this accommodation is related to the student’s diagnosis).

Accommodation Recommendation	Rationale

Professional’s Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print or type name and title: \_\_\_\_\_

Clinic or Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please address questions regarding documentation, and send this documentation to:

UWSP Disability Resource Center  
1801 Fourth Avenue/CCC 108  
Stevens Point, WI 54481

Phone: 715- 346-3365  
Fax: 715 346-4143  
Email: [drc@uwsp.edu](mailto:drc@uwsp.edu)