To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of their disability. This documentation should provide information regarding the onset and severity of disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADAAA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and that it substantially limits some major life activity, including learning. The documentation must show how the disability impacts the major life activity of learning and if you are requesting accommodations, academic adjustment and/or auxiliary aids, the documentation must support your request.

**DIAGNOSTIC INFORMATION**

Please attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). Please do not provide case notes or rating scales without a narrative that discusses the results.

1. **A qualified professional must conduct the evaluation:**

   An evaluation must be conducted by a qualified professional. Professionals conducting assessment should have appropriate training in diagnosing psychiatric conditions. **Qualified professionals to diagnose pervasive developmental disorders include: licensed clinical psychologist, neuropsychologist, psychiatrists and other relevantly trained medical doctors.**

   The name, title and professional credentials of the evaluator, including information about license or certification and employment should be clearly stated in the documentation (see Provider Information). All reports should be on letterhead, dated, signed and otherwise legible.

2. **Documentation should be current:**

   The provision of accommodations is based upon assessment of the current impact of the student’s disabilities. Documentation that is outdated or inadequate in scope or content; does not address the student’s current level of functioning; or does not address changes in the student’s performance since the previous assessment was conducted may not support requested accommodations. When appropriate, additional supportive documentation will be requested.
3. **Documentation necessary to substantiate a disability should include:**

A specific diagnosis that conforms to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) criteria for Autism, Asperger’s Syndrome, or Pervasive Developmental Disorder – Not Otherwise Specified.

**Documentation should specifically state the diagnosis, when the original diagnosis was made, the severity of the disability (mild, moderate or substantial), a description/explanation of the severity, when the patient was last seen and if the patient is currently under your care.**

Current functional limitations on major life activities resulting from the Autism Spectrum Disorder to include but not be limited to: communication or language skills, social interaction, restricted, repetitive and/or stereotyped patterns of behavior and activities, sensory functioning and sensitivity to environmental conditions, and motor planning. Evidence to support the function limitations this statement may include aptitude testing, standardized tests of language skills, clinical and teacher observations, and standardized scales of symptoms related to autism. Recommendations for reasonable academic accommodations related to function should be stated with a rationale for the academic accommodations recommended. Also include recommendations for strategies or services that may benefit the individual in a higher education environment.

4. **Is there anything else that you would like us to know about this student**
PROVIDER INFORMATION

Signature: __________________________________________ Date: ______________

Print Name and Title: ______________________________________________________

License or Certification #: ________________________________________________

Office Address (street, city, state and zip code):

___________________________________________
___________________________________________
___________________________________________

Office phone: (______) - _______ - _________

FAX Number: (______) - _______ - _________

Email__________________________________

Return to:
UW – Green Bay
Disability Services
2420 Nicolet Dr., SS1700
Green Bay, WI 54311

Fax: (920) 465-2191
Email: dis@uwgb.edu