



Student Accessibility Services

VERIFICATION OF SYSTEMIC HEALTH DISABILITY

Student Accessibility Services provides services to students with diagnosed physical and/or mobility disabilities. To determine eligibility for services, this office requires **current comprehensive documentation** of the medical condition from the diagnosing **physician or health care professional** currently treating the student.

Please Print Legibly

Student Name: _____

Date Completed: ____/____/____ Student's Date of Birth ____/____/____

1. Disability diagnosis: _____

2. Date of diagnosis: ____/____/____

First contact with student ____/____/____ Last contact with student: ____/____/____

3. What is the severity of the disability? Please check one:

Mild

Moderate

Severe

Explain Severity: _____

4. Please describe the progression (if applicable) and expected duration of this disability.

5. Please list and describe the major life activities/functional limitations that are significantly impacted by the disability and degree of severity. ***Please note if not major life activities are not significantly impacted, no accommodations may be considered.***

6. If the student is currently undergoing treatment, please describe and indicate how the treatment might affect the student academically. Please include any current medications and adverse side effects.

7. Describe any situations or environmental conditions that might lead to an exacerbation of the condition.

8. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state reasons for this request related to the student's diagnosis).



9. Are there are any other associated disabilities? Please describe.

Provider Information

Name:		Date:	
Medical Specialty:		License #:	
Address:			
Phone:		Email:	
Clinician's Signature:		Printed Name:	

Please mail or fax this completed form and any additional information to:

Student Accessibility Services
UW-Green Bay
2420 Nicolet Drive, SS 1700
Green Bay, WI 54311

920-465-2841
FAX 920-465-2191
EMAIL: SAS@UWGB.EDU