



UNIVERSITY of WISCONSIN  
GREEN BAY

## Student Accessibility Services VERIFICATION OF PHYSICAL/MOBILITY DISABILITY

Student Accessibility Services provides services to students with diagnosed physical and/or mobility disabilities. To determine eligibility for services, this office requires current and 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the student currently under your care? \_\_\_\_\_

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

Mild

Moderate

Severe

Explain Severity: \_\_\_\_\_

\_\_\_\_\_

4. What is the 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.***

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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.

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

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8. State specific recommendations regarding academic accommodations for this student, and the rationale as to why these accommodations/services are warranted based upon the student's functional limitation. Indicate why the accommodations are necessary.

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9. If any co-morbid conditions exist, please describe.

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### 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](mailto:SAS@UWGB.EDU)