



Student Accessibility Services DISABILITY VERIFICATION FORM

The University of Wisconsin Green Bay ("UWGB" or the "University") provides reasonable accommodations to students with disabilities who have a verifiable need for reasonable accommodations. A disability is defined *as a physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a student with a disability may need to fully participate at UWGB.

1. Student name: _____ Date of Birth: _____

2. Does the student have a disability as defined by federal law? Yes _____ No _____

A disability is defined as *a physical or mental impairment that substantially limits one or more major life activity or activities*.

3. Please identify the disability/disabilities (i.e DSM5 or ICD 10):

Diagnosis: _____

DSM-V Code _____

ICD-10 Code _____

Date of Diagnosis _____

4. If the student is undergoing any treatment, please describe and indicate how the treatment might affect the student academically. (e.g., medication side effects, regular appointments, etc.)

5. Within the scope of your license/training/practice, please check the ways the disability/disabilities limit major life functions

Please mark all activities that are limited by this condition (please use ✓ or X)

Major Life Activity	No Impact	Mild	Moderate	Severe	Unknown
Communicating					
Concentrating					
Hearing					
Learning					
Manual Tasks					
Reading					
Seeing					
Sleeping					
Speaking					
Standing					
Walking					
Writing					
Other					
Other					

Please mark the functional limitation manifestation(s) for the student (please use ✓ or X)

Functional Limitation	Not an Issue	Mild Issue	Moderate Issue	Severe Issue	Unknown
Attending Class					
Easily Distracted					
Interaction with Others					
Meeting Deadlines					
Memory					
Organization					
Processing Speed					
Reasoning					
Sensory Processing					
Stress					
Other					
Other					

6. Please describe in detail, any functional limitations that fall into the severe range.

7. Are there any other barriers that could impact the student's ability to participate fully in their educational experience?

8. Please attach any additional documentation that might be helpful in the accommodation process.
(e.g., medical file notes, evaluations, test results, etc.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Provider Information

Name _____ Date _____

Medical Specialty: _____ License # _____

Address: _____

Phone: _____ Email: _____

Clinician's Signature: _____

Printed Name: _____

Please send completed forms using one of the following methods:

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