Directions: The student or a supporting person should: 1.) Review an explanation of the documentation process at this website: go.uwrf.edu/document ; 2.) Complete the first side of this form, use additional paper if needed; then, 3.) Give the form with any additional paper used to an appropriate expert and ask to have the reverse side completed; 4.) Make a plan with the expert so the fully completed form will be submitted to the Ability Services office as soon as possible.

It's strongly recommended you submit the summary from a formal evaluation that was focused on your issue. Please ask your expert if it is also possible to send Ability Services that kind of paperwork/documentation.

Student’s name (please print) ____________________________________________________________

1. Please identify your medical, physical, sensory, or brain related issue(s). ____________________________

2. Please explain the issue’s history (the initial difficulties it caused, the accommodations or services you received for it, how any of those things changed over time).

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

3. Please explain all the current circumstances (signs) which indicate the issue still exists.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

4. Please explain how the issue has the potential to disrupt important aspects of your college education. (Important aspects means things like: writing lecture notes; reading textbooks; taking tests; completing assignments; making speeches or presentations; attending class; studying; living in a residential hall, etc.)

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

5. Please identify the accommodation(s) that will be important to have at UWRF.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Student’s signature ___________________________________________ Today’s date _________________
To the licensed clinician: The completion of this form is necessary for a UWRF student to request individualized accommodations at UWRF. The provision of accommodation is based upon assessment of the current impact of the condition(s) on academic performance and access to educational activities.

- Please answer in layman’s terms, with the exception of #5 where use of DSM-5 or ICD-10 terminology is needed.
- Note that #6 must list the magnitude and the frequency of the symptoms to be considered complete.
- Please review what the student has written on the reverse side before completing the below information.

1. Student’s name ________________________________ ________________________________ ________________________________

2. How long have you known the student? ____________

3. Date of your last evaluation? ______________

4. What methods were used to evaluate the student? __________________________________________

5. What DSM-5 or ICD-10 diagnosis/diagnoses does the student have that will impact the student at UWRF?

________________________________________________________________________________________

6. What are the symptoms of this diagnosis/diagnoses, the magnitude, and the frequency?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Magnitude</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Explain how the diagnosed condition(s) could impact important things the student must do for a college education.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

8. Note any disagreements and/or make other recommendations to the accommodations the student is requesting.

________________________________________________________________________________________

________________________________________________________________________________________

My signature below signifies that I have read the statements on the reverse side and consider the difficulties described as being substantial and accurate, and recommend the accommodations that are listed.

Clinician’s printed name ________________________________ Credentials ________________________________

Professional license # ________________________________ Years in practice ________________________________

Clinic/Agency name ________________________________ Phone ________________________________

Address ________________________________ Phone ________________________________

Clinician’s signature __________________________________________________________________ Date ________________________________

Federal laws provide confidential status of this form and only the student and limited university staff will be permitted access to this information.

When completed, please fax to 715-425-0742 or send with the student. If you have questions, contact Alicia Reinke-Tuthill at 715-425-0740 or alicia.reinketuthill@uwrf.edu.