COMMUNICATION/LANGUAGE DISORDER

Services for Students with Disabilities (SSWD) determines academic accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to receive academic accommodations, the documentation needs to show functional limitations that will impact an individual in an academic setting.

The SSWD Office requires current comprehensive documentation in order to determine appropriate services and accommodations based on functional limitations that may impact the student in the academic setting. The information listed below has been developed to assist the student in working with the treating/diagnosing professional(s) in obtaining the specific and necessary information to evaluate requests for academic assistance based on the diagnosis.

**All information requested must be completed as thoroughly as possible.** Inadequate information and/or incomplete forms will delay the eligibility review process. All answers to the questions on the form must be legible. Illegible handwriting will also delay the eligibility review process since the provider will be contacted for clarification.

The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. These persons are generally trained, certified and/or licensed psychologists and/or members of a medical specialty.

The information provided will not become part of the student’s educational records and will be kept in the student’s confidential file at the SSWD Office.

**Important: After documentation is reviewed, SSWD will send an email notification to the student’s UW-Platteville email account, (e.g. username@uwplatt.edu), acknowledging receipt of documentation and the eligibility status. Prospective students that do not yet have a UW-Platteville email account will be notified via paper letter sent to their home address.**
This form is available on the UW-Platteville Disabilities website at:
http://www.uwplatt.edu/disability/

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

Student name: _________________________________ Date: _________________________

Please attach any reports which provide additional related information (e.g. psycho-educational
testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that
provides the requested information, copies of that report can be submitted for documentation
instead of this form. Please do not provide case notes or rating scales without a narrative that
discusses the results.

1. What is the DSM diagnosis? _________________________________

2. What instruments and procedures were used to diagnose the disorder?

3. Describe symptoms that meet the criteria for this diagnosis and report all test results. Please
attach diagnostic report if possible.

4. What is the date of diagnosis? _________________________________

5. Is the student/patient currently under your care/treatment? ❑ Yes   ❑ No

6. When did you last see the student/patient? _________________________________
7. A student must have a substantial limitation in a major life activity to receive accommodations at the post secondary level.

Severity of the condition (check one): ☐ mild ☐ moderate ☐ substantial

Describe the severity checked above:

8. Please describe the progression/history of this condition if applicable (historical summary).

9. Describe the specific functional limitations of this disorder for this student in an academic setting.

10. Briefly describe your current treatment plan and assessment of the duration of this disorder if the condition is remediable.
11. What recommendations do you have regarding accommodations and/or auxiliary aids in an academic setting? State your rationale for the accommodations and/or auxiliary aids you have recommended.

12. Is there anything else you would like us to know about this student?
PROVIDER INFORMATION
(Please sign and complete fully in Print or Type)

Signature: ___________________________ Date: __________________

Print Name and Title: ____________________________________________

License or Certification #: _______________________________________

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

Office phone: (______) ______-__________

FAX Number: (______) ______-__________

Email: ________________________________

These guidelines are not meant to be used exclusively or as a replacement for direct communication with UW-Platteville Services for Students with Disabilities regarding the individual nature of a disability. While submitted documentation meeting the above guidelines may be acceptable to the University of Wisconsin-Platteville it is important to be mindful that they may/may not meet the documentation guidelines required in other academic or testing organizations.