PERVASIVE DEVELOPMENTAL DISORDERS (INCLUDES AUTISM SPECTRUM DISORDERS, ASPERGER’S DISORDERS, AND OTHERS)

Services for Students with Disabilities (SSWD) determines reasonable 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 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.
DIAGNOSTIC INFORMATION

This form is available on the UW-Platteville Disabilities website at http://www.uwplatt.edu/disability/

Please attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). Please do not provide case notes or rating scales without a narrative that discusses the results.

1. **A qualified professional must conduct the evaluation:**

   An evaluation must be conducted by a qualified professional. Professionals conducting assessment should have appropriate training in diagnosing psychiatric conditions. **Qualified professionals to diagnose pervasive developmental disorders include: licensed clinical psychologist, neuropsychologist, psychiatrists and other relevantly trained medical doctors.**

   The name, title and professional credentials of the evaluator, including information about license or certification and employment should be clearly stated in the documentation (see Provider Information). All reports should be on letterhead, dated, signed and otherwise legible.

2. **Documentation should be current:**

   The provision of accommodations is based upon assessment of the current impact of the student’s disabilities. Documentation that is outdated or inadequate in scope or content; does not address the student’s current level of functioning; or does not address changes in the student’s performance since the previous assessment was conducted may not support requested accommodations. When appropriate, additional supportive documentation will be requested.
3. **Documentation necessary to substantiate a disability should include:**

A specific diagnosis that conforms to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) criteria for Autism, Asperger’s Syndrome, or Pervasive Developmental Disorder – Not Otherwise Specified.

**Documentation should specifically state the diagnosis, when the original diagnosis was made, the severity of the disability (mild, moderate or substantial), a description/explanation of the severity, when the patient was last seen and if the patient is currently under your care.**

Current functional limitations on major life activities resulting from the Autism Spectrum Disorder to include but not be limited to: communication or language skills, social interaction, restricted, repetitive and/or stereotyped patterns of behavior and activities, sensory functioning and sensitivity to environmental conditions, and motor planning. Evidence to support the function limitations this statement may include aptitude testing, standardized tests of language skills, clinical and teacher observations, and standardized scales of symptoms related to autism. Recommendations for reasonable academic accommodations related to function should be stated with a rationale for the academic accommodations recommended. Also include recommendations for strategies or services that may benefit the individual in a higher education environment.

4. **Is there anything else that you would like us to know about this student?**
PROVIDER INFORMATION

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.