HEAD INJURY/TRAUMATIC BRAIN INJURY
DISABILITY VERIFICATION

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. It is recommended that answers to the form be typed; illegible handwriting will 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.

The ADA Coordinator in the Distance Learning Center is the authorized liaison between the two offices. The student’s point of contact will be Marcia Rako – ADA Coordinator. Marcia can be reached at rakom@uwplatt.edu or 800-362-5460.
DIAGNOSTIC INFORMATION

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:
   It is important that the evaluator have comprehensive training and direct experience with adolescents and adults with traumatic brain injury, such as a licensed psychologist or neuropsychologist or rehabilitation specialist in brain injury. 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 on his or her academic performance and learning style. Documentation that is outdated or inadequate in scope of content; does not address the student’s current level of functioning; does not address changes in the student’s performance since the previous assessment was conducted; or was done before the student was one year post injury may be inadequate to support requested accommodations. When appropriate, additional supportive documentation will be requested.

3. Documentation necessary to substantiate a disability should include:
   a. The diagnosis, the date 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.
   b. Diagnostic interview with report describing presenting problems, medical, psychosocial, or dual diagnosis where indicated;
   c. Assessment of aptitude post injury with all sub-tests and standard scores reported;
   d. Achievement measures since injury with all sub-tests and standard scores reported;
   e. A summary of present residual symptoms, which meet the criteria for diagnosis;
   f. Medical information relating to student’s needs, including the impact of medication on the student’s ability to meet the demands of the postsecondary environment;
   g. A statement of the functional impact or limitation of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which the accommodations are being recommended;
h. Description of any changes expected over time and how the disability’s limiting effects manifest.

4. **Interpretative Summary based on comprehensive evaluative process:**
   An interpretative summary should include a demonstration of the evaluator’s having ruled out alternative explanations for academic problems (e.g. poor education, poor motivation, emotional problems, attentional problems and cultural/language differences); indication of patterns in the student’s cognitive ability, achievement, and/or information processing reflecting the presence of a learning disability; indication of the substantial limitation to learning or other major life activity presented by the disability and the degree of impact in the learning context; indication of why specific accommodation or auxiliary aids are needed and specific conditions under which they were used in the past. Medical information, as appropriate, should include the impact of medication on the student’s ability to meet the demands in a post-secondary environment.

5. **Recommendations for Accommodations:**
   a. Include specific recommendations and rationale for accommodations;
   b. Include a description of the impact of the diagnosed TBI on specific major life activities;
   c. Recommendations should be supported by specific test results and/or clinical observations.

6. **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.