



Accessibility Services Assessment Form

Accessibility Services provides academic services and accommodations for students with diagnosed disabilities. Students are required to provide documentation that verifies that a diagnosed disability/disorder meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act as Amended of 2008. These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly states how the disability/disorder functionally limits the student in an academic environment and demonstrates that one or more accommodations is needed to achieve equal access.

TO BE COMPLETED BY STUDENT

Student Name: _____ F00#: _____

Campus/Home Address: _____

Phone Number: _____ CUW E-Mail: _____

TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL

Please provide responses to the following items by typing or writing in a legible fashion. **Illegible forms will delay the documentation review process for the student.**

1. DSMV-IV Diagnosis: _____

2. Date of Diagnosis: _____

3. What instruments/procedures were used to diagnose the disorder/disability?

4. Please describe the presenting symptoms of this disorder/disability?

5. Is this student currently taking medication for this disorder/disability? Yes No

If yes, please describe any possible side effects of the medication: _____

6. Please describe the impact of this disorder/disability on the student's academic performance.

7. If applicable, please state specific academic accommodation recommendations for this student, and a rationale as to why the accommodation is necessary.

Accommodation Recommendations	Rationale

CERTIFIER INFORMATION/CREDENTIALS

Name:	Date:
Medical Specialty:	License #:
Address:	
Phone:	Email:
Clinician's Signature:	Printed Name:

Please email, mail or fax this completed form and any additional information to:

Academic Resource Center - Accessibility Services
 12800 N. Lake Shore Drive
 Mequon, WI 53097
 Email: dss@cuw.edu
 Phone: (262) 243-4299
 Fax: (262) 243-3535

**Adopted from the McBurney Disability Resource Center at UW- Madison*