



## **DOCUMENTATION**

## **GUIDELINES**

**University of Wisconsin Colleges  
Student Accessibility Services**

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## DOCUMENTATION GUIDELINE INFORMATION

It is the policy and practice of the University of Wisconsin to comply with the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding individuals with disabilities. Under these laws, no qualified individual with a disability shall be denied access to, or participation in services, programs, and activities at the University of Wisconsin.

1. It is the student's responsibility to submit the application for Student Accessibility Services and supporting documentation of a disability, to the Campus Contact for Student Accessibility Services located in the Solutions Center.
2. The cost for obtaining the documentation is the student's responsibility. If the initial documentation is incomplete, UW Colleges may request additional documentation of the condition. If UW Colleges requests a second opinion, then the University shall bear any cost not covered by a third party payer.
3. The documentation should include:
  - A clearly stated diagnosis and its resulting current functional limitations, as determined by a qualified professional. The functional limitations should significantly limit at least one major life activity in an educational setting (i.e. learning; walking; hearing; seeing; manual tasks, etc)
  - Testing instruments used to make the diagnosis - testing dates generally to be no older than three years from the time the student applies for services and or is admitted to UW Colleges

## TEMPORARY ACCOMMODATION SERVICES

Students seeking accommodation(s) on the basis of a temporary physical or mental condition (i.e. broken arm; recovery from an accident; etc.) must provide documentation stating the nature and expected duration of the condition. The documentation must reflect the student's functional limitations in an educational setting, and shall be no older than 60 days. The cost of obtaining the documentation is the responsibility of the student.

### **Please address questions regarding documentation to:**

Kristin Hoffmann, Director of Student Accessibility Services  
1500 North University Drive, A122  
Waukesha, WI 53188  
[kristin.hoffmann@uwc.edu](mailto:kristin.hoffmann@uwc.edu)  
phone: (262) 524-3957  
fax: (262) 521-1026

## LEARNING DISABILITY DOCUMENTATION GUIDELINES

1. Documentation must be prepared by a qualified professional i.e. licensed psychologist, learning disabilities specialist, neuropsychologist and include the following:
  - A clearly stated diagnosis
  - Name of the standardized testing instrument(s) used in making the learning disability determination
  - Standard scores and percentiles
  - Summary and recommendations made by the evaluator
2. Documentation in general should not be older than 3 years prior to admission to UW Colleges, or the date of the accommodation service request.
3. An IEP alone does not necessarily provide sufficient documentation of a learning disability.

Please submit documentation materials to your Campus Contact for Student Accessibility Services who will forward them to the Director of Student Accessibility Services.

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**ADHD and PSYCHOLOGICAL DISABILITY DOCUMENTATION GUIDELINES**

STUDENT: \_\_\_\_\_

1. DSM-IV diagnosis: \_\_\_\_\_
2. Date diagnosis was determined: \_\_\_\_\_
3. Instruments/procedures used to make diagnosis: \_\_\_\_\_  
\_\_\_\_\_
4. Level of severity: \_\_\_\_\_Mild \_\_\_\_\_Moderate \_\_\_\_\_Severe
5. Date of last contact with student: \_\_\_\_\_
6. If student is taking medications related to this condition, please list:  
\_\_\_\_\_
7. Description of student's functional limitations as a result of this condition and how they might impact this student's academic activities i.e. reading, notetaking, concentration, memorizing, interpersonal communications, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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**PHYSICAL, SENSORY, AND HEALTH-RELATED  
DOCUMENTATION GUIDELINES**

STUDENT: \_\_\_\_\_

PLEASE USE SEPARATE PAPER IF NEEDED

1. What is the diagnosis? \_\_\_\_\_
2. Level of severity:   \_\_\_\_Mild   \_\_\_\_Moderate   \_\_\_\_Severe
2. When was the diagnosis made? \_\_\_\_\_
3. When was your last contact with the above named student? \_\_\_\_\_
4. Is this condition:   \_\_\_\_Temporary   \_\_\_\_Permanent
5. Please describe this student's functional limitations as a result of this condition, and how they might impact on this student's academic activities such as learning, exam taking, notetaking, concentrating, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

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