



UNIVERSITY OF WISCONSIN  
Student Accessibility Services

**ADHD AND PSYCHOLOGICAL DISABILITY DOCUMENTATION GUIDELINES**

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

**Please use separate paper if needed**

**1. DSM-IV diagnosis:** \_\_\_\_\_

**2. Date diagnosis was determined:** \_\_\_\_\_

**3. Instruments/procedures used to make diagnosis:** \_\_\_\_\_

**4. Severity of disability:** \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

**5. Date of last contact with student:** \_\_\_\_\_

**6. If student is taking disability-related prescribed medication, please list:**  
\_\_\_\_\_

**7. Description of student’s disability-related functional limitations and how they might impact on this student’s academic activities i.e. reading, notetaking, concentration, interactions with instructors and students, etc.**

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

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

**Print name and title:** \_\_\_\_\_

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

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

**Please address questions regarding documentation to:  
Brian Schultz, Director of Student Accessibility Services**