



Accessibility Resource Center

3203 North Downer Ave, Mitchell Hall Room 115, Milwaukee, WI 53211

Phone: (414) 229-6287 Fax: (414) 229-2237

Student Disability Documentation Form

This form **must be completed by a licensed medical or mental health professional** who does not have a family relationship with the student. This form is made available to students attending the University of Wisconsin-Milwaukee and their medical and mental health care providers. This form is optional and intended to provide relevant information to the Accessibility Resource Center (ARC) on behalf of a student seeking academic, and/or housing accommodations for a disability. It may be used in conjunction with, or in lieu of, other documentation provided by a licensed professional. Further information about ARC's documentation requirements can be found on our website: <https://uwm.edu/arc/documentation-guidelines/>

After submission to our office, ARC will review the information provided and engage in an individualized and interactive process with the student to determine their accommodation needs and eligibility. At times, we may request additional or follow-up information from a healthcare provider. Please note that students will have access to the information you provide in this form.

Students are required to provide documentation which verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Amended Act (2008). These laws define 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 demonstrates a student has one or more functional limitations in an academic setting, and that one or more accommodations is needed to achieve equal access.

Student Information

Full Name: _____

Date of Birth: _____

Provider Information

Name of Provider: _____

Title/
Credentials: _____

Area of Specialization: _____ License No.: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Provider Signature: _____ Date: _____

To enter signature electronically, please type your full name above and initial here: _____

Diagnostic Information

Diagnoses/Conditions. For each condition, please include severity and date of onset or date of initial diagnosis:

Dates or time frame during which student has been under your professional care: _____

Date student was last seen by you: _____

Number of times the student has met with you and/or frequency of appointments: _____

For mental health conditions: Is the student engaged in regular therapy or counseling: Yes _____ No _____ Not Sure _____

If applicable: Please include specific findings that support the diagnosis, such as relevant history, tests administered, test results, and interpretation of those test results. This information is especially relevant for learning disabilities and neurodevelopmental conditions, though it may apply to other medical conditions as well. Attach extra pages as needed.

Symptoms and Functional Impact

For each diagnosis or condition, please include the following information: The expected duration and progression of each condition (e.g., temporary vs. chronic, variable or progressive vs. stable, intermittent or episodic, in remission, etc.)

Major Life Activities Impacted: Please rate the frequency/duration and severity (using an “x”) of the condition’s impact on major life activities to the best of your knowledge. For comparison purposes, please use same age peers in a postsecondary setting.

Major Life Activity	Frequency/Duration 0=never, 1=rarely, 2=intermittent, 3=daily/frequent, 4=chronic	Unknown/ N/A	Mild	Moderate	Severe
Caring for one’s self					
Eating					
Sleeping					
Concentrating					
Memorizing					
Managing Internal Distractions					
Managing External Distractions					
Social Interactions					
Organizing					
Managing Stress					
Regular and Timely Attendance					
Making and Keeping Appointments					
Maintaining Deadlines					
Talking					
Hearing					
Breathing					
Lifting					
Learning					
Thinking					
Interacting with Others					
Listening					
Speaking					
Seeing					
Reading					
Standing					
Reaching/Grasping					
Sitting					
Walking					
Writing					
Performing Manual Tasks					
Other:					
Other:					

If applicable, describe any situations or environmental conditions that might lead to an exacerbation of symptoms:

If applicable, please list any side effects the student may experience due to prescribed medications or medical treatments:

Accommodations and Supports

You are welcome to include recommendations for accommodations, supports, or resources that could be helpful for the student. There should be a logical link between the recommended accommodation(s) and the functional limitations described above. Not all recommended accommodations will necessarily be appropriate in a higher education setting, but we do take this information into account when meeting with each student.

STOP: Only continue to page 5 if student is requesting accommodations in University Housing.

Supplemental Disability Documentation for University Housing Accommodation Requests

The University of Wisconsin - Milwaukee is committed to the full participation of students with disabilities in all aspects of college life. As a four-year college, with residence halls, learning to live in a community and share space with others is an integral part of a student's educational experience. A standard housing assignment typically includes roommates and other shared spaces.

Accommodations in the residential environment are not granted based on preference or desire for a particular type of location or for a desire for a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for a student. Please note there are numerous campus locations that provide quiet spaces for studying, including the Library and several academic buildings.

Please describe in detail how the student's disability interferes with one or more major life activities as would be encountered in the residential living environment. *Attachments welcome if additional space is needed.*

Given the standard housing assignment and study sites explained above, please describe and provide rationale for any modifications you are recommending to accommodate the student's disability. Please also explain how the modifications you recommend would alleviate the functional limitations of the student's underlying condition.

If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

Please indicate whether and how this student may be at risk during an emergency evacuation (e.g. fire):

Supplemental Disability Documentation for University Housing Accommodation Requests: Assistance Animals

University Housing generally prohibits students from having animals in the residence halls, but it (i) allows service animals and (ii) makes reasonable accommodations to its no animal policy for individuals with disabilities who may need an assistance animal.

There is a difference between a service animal and an assistance animal. A “service animal” is any dog or a miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or providing physical support with balance and stability to individuals with mobility disabilities. An “assistance animal” is an animal that is prescribed to a student with a disability by a healthcare or mental health professional and is necessary to afford him or her an equal opportunity to use and enjoy University Housing. There must be an identifiable relationship or nexus between the student’s disability and the assistance the animal provides. For example, an assistance animal presence may positively impact the symptoms of the student’s disability by providing emotional support.

Please note that requests for assistance animals in University Housing may be subject to an annual review. Students requesting more than one assistance animal must provide separate documentation for each animal, describing why each animal is uniquely prescribed.

This form was created in accordance with guidance from the U.S. Department of Housing and Urban Development (HUD), Wisconsin State rules following the Federal Fair Housing Act (FHA), as well as input by the University of Wisconsin-Milwaukee Office of Legal Affairs, to facilitate an individualized review of a student’s request for permission to have an Assistance Animal (AA) residing with them in an on-campus residence hall.

*Health care providers may instead utilize a narrative-type letter, but **all** the information requested in this form is **necessary** to establish the disability-related need for an AA and the reliability of the documentation.*

This form should only be completed by the physician, psychiatrist, social worker, or other licensed mental health professional who has suggested that having an AA in a UWM residence hall will have a therapeutic benefit alleviating one or more of the identified symptoms or the effects of the student’s mental health disability.

As noted within HUD AA guidelines, documentation purchased through websites that sell AA letters is typically not reliable for determining whether an individual has a disability or disability-related need for an assistance animal because a website provider lacks the necessary personal knowledge to make such determinations. These websites typically obtain information

from the individual purchasing documentation via an online questionnaire or brief interview, which likely does not meet the standard of personal knowledge needed to reliably establish the presence of a disability and disability-related need for an AA.

Generally, reliable documentation would be provided by a licensed healthcare professional who has personal knowledge of the student as it relates to diagnosis, care, and treatment, consistent with their professional obligations. The information submitted to the UWM Accessibility Resource Center (ARC) should reflect the most current information available. The completed form may be sent via email to ARC via archelp@uwm.edu, uploaded with the online ARC Housing Accommodation application, or faxed to 414-229-2237. All documentation will be held strictly confidential as a student record.

Information about the Student's Disability

1. Does the student have a disability? (*Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities, irrespective of diagnosis.*)

2. Please explain why you are prescribing the student to be approved to have an Assistance Animal in residence on campus, specifically as it relates to disability symptoms. Include details as to how the Assistance Animal alleviates one or more symptoms.

**Please note that students requesting more than one animal must provide separate documentation for each animal describing why each animal is prescribed and the unique supports each animal provides.*

3. Date you first met with the student regarding this disability?

4. When did you last interact with the student regarding this disability?

5. How many times have you met with the student regarding this disability?

Information about the Proposed Assistance Animal

6. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

7. Is there evidence that an Assistance Animal has alleviated one or more symptoms of the disability currently or in the past?

8. Please describe the animal that you prescribe to the student, including any species and size requirements:

Importance of the Assistance Animal to the Student's Well-Being

9. In your opinion, how important is it for the student's well-being that an Assistance Animal be in residence on campus?

10. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

11. Do you believe the responsibilities associated with properly caring for an animal might exacerbate the student's symptoms in any way?

12. Are there any other possible accommodation(s) besides an Assistance Animal that would meet the student's needs (for example, if this Assistance Animal request is not granted)?

* If yes, please describe other possible accommodations:

Thank you for taking the time to complete this form. If we need additional information, we may seek a release of information from the student and contact you directly.