



**Accessibility Resource Center Disability Assessment Form**

Blind/Low Vision, Chronic Health, Deaf & Hard of Hearing, Mobility, Traumatic Brain Injury

The University of Wisconsin-Milwaukee Accessibility Resource Center provides academic services and accommodations for students with disabilities. Students are required to provide documentation that 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 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 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. See [Disability Documentation Guidelines](#)

**TO BE COMPLETED BY PHYSICIAN OR MEDICAL PROFESSIONAL ONLY**

A client of yours has requested disability-related accommodations with services. As this client’s treating clinician/specialist, you are asked to provide the following information to allow the university to consider this client’s service request(s).

**Please complete the following:**

**1. Student Information:**

Client Name:	
Preferred Name:	
Date of Birth (mm/dd/yyyy):	

**2. Diagnosis:**

What is the diagnosis?	
Date of original diagnosis:	
Is the client currently under your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you last see the client?	
Is the condition temporary (< 6 months) or persistent?	
Please identify factors that may affect the severity of the condition (e.g., to what degree might the condition be <i>minimized</i> by medications, hearing aids, etc.?) Alternatively, could there be an adverse effect (e.g., medication side effects)?	

**3. FUNCTIONAL IMPACT ASSESSMENT (REQUIRED)**

Please rate the frequency/duration and severity (using “x”) of the condition’s impact on major daily 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 0-4 Scale 0=never, 1=rarely, 2=intermittent, 3=daily/frequently, 4=chronic	Severity			
		Unknown/ N/A	Mild	Moderate	Severe
Caring for Oneself					
Talking					
Hearing					
Breathing					
Seeing – Close Distance					
Seeing – Long Distance					
Lifting/Carrying					
Sitting					
Performing Manual Tasks					
Eating					
Sleeping					
Standing/Walking					
Learning					
<input type="checkbox"/> Reading					
<input type="checkbox"/> Writing					
<input type="checkbox"/> Spelling					
<input type="checkbox"/> Calculating					
<input type="checkbox"/> Concentrating					
<input type="checkbox"/> Memorizing					
<input type="checkbox"/> Listening					
<input type="checkbox"/> Speaking					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Other:					

**4. What method(s) were utilized to assess functional limitation? Please list or attach under separate cover.**

5. Please list your recommendations for accommodations within the academic environment and provide an explanation or rationale for the recommendation utilizing data from objective measures, the educational record or other data sources. If available in a separate report, please attach that report.

Accommodation Recommendation	Rationale

**6. Certifier Information:**

Clinician Name (print)	
Clinician Name (signature)	
Medical Specialty	
License	
Address	
Phone	
Email	
Date	

Please send this completed form and any additional documentation to:

**Accessibility Resource Center  
 University of Wisconsin-Milwaukee  
 Mitchell Hall, Room 112  
 P.O. Box 413  
 Milwaukee, WI 53211  
 (Fax) 414-229-2237  
 archelp@uwm.edu**

If you have questions, please feel free to contact our office at 414-229-6287. Thank you.