UNIVERSITY of Western States

Office of Student Affairs
Student Success

Disability Documentation Form

Purpose

In accordance with the Americans with Disabilities Act (ADA) of 1990, as amended and Section 504 of the Rehabilitation Act of 1973 (Section 504), University of Western States (UWS) provides reasonable accommodations to students with disabilities. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

A UWS student has initiated the process for determining their eligibility for academic accommodations. This document requests information necessary to determine the impact of a disability on the student's ability to participate in the University's educational programs and to verify the need for accommodations.

Appropriate documentation must include specific information about the diagnosis, a description of the functional limitations associated with the diagnosis, and level of impairment the diagnosis presents as it directly relates to functioning in an academic environment. Appropriate documentation should support the request of accommodations.

In situations where additional documentation is necessary for the University to make an accommodations decision, a representative from the Office of Student Success may contact the provider to request additional information.

This form must be completed by a licensed medical or mental health professional who is operating within their scope of practice to evaluate and/or diagnose the student. The professional may not have a familial relationship with the student. To avoid possible conflicts of interest, documentation generated by the UWS Health Center or by any UWS employee is not accepted, except in the case of temporary accommodations. The Office of Student Success can extend temporary accommodations for good cause.

Please complete the form below and return to:

Office of Student Success
University of Western States
8000 NE Tillamook St
Portland, OR 97213
-or-
Email: studentsuccess@uws.edu

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Student Information

First Name: _____ Last Name: _____ Date of birth: _____

Diagnostic Information

Diagnosis	**Diagnosis Date** (mm/yyyy)	**Onset Date** (mm/yyyy)	**Prognosis** *(e.g. temporary, episodic, chronic, remission, etc.)*

Current Treatment

Is the student currently in treatment with you? _____

Most recent treatment date: _____

For each diagnosis, please list the current symptoms and indicate the severity, frequency, and duration for each symptom.

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Functional Impact

Please describe the physical and/or cognitive functional limitations that the student experiences due to the disability, specifically in relation to their ability to function in an academic setting. Please also describe the level of impairment these limitations present (e.g. mild, moderate, severe).

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.

Please provide recommendations for accommodations that would reduce or mitigate these functional limitations and include logical rationale for those recommendations. Note: not all recommended accommodations will necessarily be appropriate in the academic environment and/or a recommendation does not guarantee a specific accommodation will be granted.

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Provider Information

Name (first and last): _____ Credentials/Specialty: _____

Email: _____ License # (if applicable): _____

Organization Name: _____

Address: _____

Phone number: _____

I certify that the student named above has granted permission for release for all information contained on this form for the purpose of reviewing eligibility for academic accommodations.

Provider signature: _____

Date: _____