



Student Accessibility Services

ADHD AND PSYCHOLOGICAL DISABILITY DOCUMENTATION GUIDLINES

STUDENT: _____

Please use additional 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 return form or direct questions regarding documentation to:

Kristin Hoffmann, Director of Student Accessibility Services

Email: Kristin.hoffmann@uwc.edu Phone: (262) 524-3957

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