



Student Accessibility Services DISABILITY VERIFICATION FORM

The University of Wisconsin Green Bay (“UWGB” or the “University”) provides reasonable accommodations to students with disabilities who have a verifiable need for reasonable accommodations. A disability is defined as *a physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a student with a disability may need to fully participate at UWGB.

1. Student name: _____ Date of Birth: _____

2. Does the student have a disability as defined by federal law? Yes ____ No ____

A disability is defined as *a physical or mental impairment that substantially limits one or more major life activity or activities*.

3. Please identify the disability/disabilities (i.e DSM5 or ICD 10):

4. Within the scope of your license/training/practice, please check the ways that the disability/disabilities limits major life functions below:

Please check all activities that are limited by disability

Major Life Activity	X	Major Life Activity	X	Major Life Activity	X
Attending Class Regularly		Interaction with Peers		Sensory Processing	
Auditory Processing		Lifting		Sleeping	
Bodily Functions		Maintaining Stamina		Speaking	
Breathing		Managing Stress		Standing	
Calculating		Meeting Deadlines		Walking	
Cognitive Processing		Memorizing		Writing	
Easily Distracted		Organization		Other	
Emotional Expression		Performing Manual Tasks			
Executive Functioning		Reading Hearing		Other	
Interaction with Instructors		Seeing			

5. Please describe the ways the limitations of major life functions may impact the student's ability to participate at UWGB.

6. If the student is undergoing any treatment, please describe and indicate how the treatment might affect the student academically. (e.g., medication side effects, regular appointments, etc.)

7. Are there any other factors or other information that you think would be helpful in determining accommodations for this student? (e.g., use of assistive devices/technology, past accommodations, provider recommendations, etc.)

8. Please attach any additional documentation that might be helpful in the accommodation process. (e.g., medical file notes, evaluations, test results, etc.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Provider Information

Name _____ Date _____

Medical Specialty: _____ License # _____

Address: _____

Phone: _____ Email: _____

Clinician's Signature: _____

Printed Name: _____

Please send completed forms using one of the following methods:

Student Accessibility Services
UW-Green Bay
2420 Nicolet Drive, SS 1700
Green Bay, WI 54311

920-465-2841
FAX 920-465-2191
EMAIL: SAS@UWGB.EDU