

### **Accessibility Services Documentation Guidelines**

In accordance with the Americans with Disabilities Act as Amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities have certain protection and rights to accommodations in colleges and universities. These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Accessibility Services in the Academic Resource Center (ARC) at Concordia University provides services and/or accommodation for students with disabilities intended to facilitate equal access to educational opportunities.

To determine eligibility for services and/or accommodations, the ARC utilizes an interactive, case-by-case approach. Students requesting accommodations are required to provide documentation that verifies a diagnosed disability/disorder according to the legal definition above.

**Concordia University Wisconsin-Ann Arbor Accessibility Services - Disability Documentation Form**

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Managing Deadlines				
Making/Keeping Appointments				

**\*\*For the major life activities checked, please explain the functional impact of the limitation in an academic setting.**

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If applicable, please describe the relevant history of remediation (e.g., current medications, side effects of medications, other treatment plans and their effectiveness).

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**ACCOMMODATION RECOMMENDATIONS**

If applicable, please state specific academic accommodation recommendations for this student and a rationale as to why the accommodation is necessary. Accommodations are NOT retro-active, they are applied at the time of approval and moving forward. (Please note, recommendations will be considered in the interactive process, however final decisions will be determined by the Accessibility Services staff.)

Please provide any additional information that you think would be useful to know in working with this student.

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**HEALTH CARE PROVIDER INFORMATION**

I attest to the accuracy of the information contained in this document. Also, I understand that the information in this document will become part of the student's record subject to the Family Educational

License or Certification #: \_\_\_\_\_ National Provider #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please send this completed form and any additional information to:**

Director of Academic Resources & Accessibility Services, Concordia University Wisconsin Email:  
[janis.chapman@cuw.edu](mailto:janis.chapman@cuw.edu) Phone: 262-243-4299 Fax: 262-243-2999