Disability Services Office, SC229 | 2740 West Mason St, Green Bay, WI 54303 | 920-498-6904 | Fax: 920-491-3792 disability.services@nwtc.edu

## DISABILITY DOCUMENTATION FORM

(To be completed by a qualified medical doctor, psychiatrist, psychologist, counselor, or social worker)

		Student Name:
		(Please type or print neatly / use a separate paper if needed)
	1.	What is the diagnosis?
	2.	Level of severity: Mild Moderate Severe
	3.	When was the diagnosis made?
	4.	When was your last contact with the above-named student?
	5.	
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tion, and how		