



Disability Services Office, SC229 | 2740 West Mason St, Green Bay, WI 54303-4980 | Ex: 920491-3792  
disability.services@nwtc.edu

### DISABILITY DOCUMENTATION FORM

To be completed by a qualified medical doctor, psychiatrist, psychologist, counselor, social worker  
Please type or print neatly and use a separate paper if needed

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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. Is the condition: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_
6. Please provide an explanation of the disability, medical condition, or symptoms

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7. If a treatment plan exists, what is the plan in brief? \_\_\_\_\_

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8. Provide a description of the student's functional limitations as a result of this condition, and how they might impact on this student's academic activities (such as reading, writing, notetaking, concentration, studying, interactions with others... instructors and students, etc.)

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Professional's Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print or type name and title: \_\_\_\_\_