LAKESHORE COLLEGE

Documentation of Autism Spectrum Disorder

The Accommodation Services Office provides services to students with a diagnosed Autism Spectrum Disorder. To determine eligibility for services, this office requires **current comprehensive documentation** of this disorder from a qualified diagnosing **psychologist, psychiatrist, neurologist or other licensed mental health professional <u>currently</u> treating the student.**

The provider(s) should attach any reports that provide additional related information (e.g., psycho-educational testing, neuropsychological test results, etc.). ***If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.***

Please Print Legibly

Student Name: _____

Date Completed: _____/_____/_____ Student's Date of Birth _____/_____/_____

1. DSM-5 diagnosis: _____

2. Date of diagnosis: _____/_____/_____

   First contact with student: _____/_____/_____ Last contact with student: _____/_____/_____

3. In addition to DSM 5 criteria, how did you arrive at your diagnosis?

   - ☐ Structured or unstructured clinical interviews with the individual
   - ☐ Interviews with other individuals
   - ☐ Behavioral observations
   - ☐ Developmental history
   - ☐ Educational history
   - ☐ Medical history
   - ☐ Neuropsychological testing – Date: _____
     Please attach diagnostic report
   - ☐ Psycho-educational testing – Date: _____
     Please attach diagnostic report
   - ☐ Standardized or non-standardized rating scales
   - ☐ Other (please specify): _____

4. What is the severity of the disability? Please check one:

   ☐ Mild ☐ Moderate ☐ Severe

   Explain Severity: _____

Accommodation Services
Phone: 920.693.1120 (Nicole) | 711 (Wisconsin Relay)
Email: nicole.yang@lakeshore.edu
Fax: 920.646.7262 | Web: www.lakeshore.edu

5. Please list and describe the major life activities/functional limitations, both physical and academic, which are significantly impacted by the disability and degree of severity. ***Please note, if no major life activities are significantly impacted, no accommodations will be approved.***

6. Please describe your assessment procedures and evaluation instruments and results (you may skip if diagnostic reports are attached).

7. List current medications that may impact the student in the educational setting, and what impact they may have.

8. Describe any situations or environmental conditions that might lead to an exacerbation of the condition.

_____

9. State specific recommendations regarding academic accommodations for this student, and the rationale as to why these accommodations/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g., if a note taker is suggested, state reasons for this request related to the student's diagnosis).

_____

_____

_____

_____

_____

_____

10. If any co-morbid conditions exist, please describe.

_____

_____

Provider Information

Name (Please Print):		
Medical Specialty:	**License #:**	
Address:		
Phone:	**Email:**	
Signature:		**Date:**

Please mail or fax this completed form and any additional information to:

Accommodation Services Office
Lakeshore College
1290 North Avenue, Cleveland, WI 53015