

Autism Spectrum Disorder Documentation Instructions and Form

Updated January 2023

Student Instructions and Information:

- Students must submit **current** documentation to Accessibility Services.
 - Current documentation is defined as:
 - Documentation that reflects data collected within three years at the time of request for services.
 - It is at the Accessibility Services counselor's discretion to make appropriate exceptions to this policy and/or to request a reevaluation and more recent documentation in order to establish the most appropriate accommodations.
- A qualified provider (medical doctor, psychologist, or psychiatrist) must provide the documentation.
- In place of this form, a letter may be provided including all of the requested information. Any letters must be on letterhead from the provider's practice. Any documentation must include the provider's signature and credentials.
- Students are asked to provide documentation **prior to the intake meeting** if at all possible. It is during the intake meeting that appropriate accommodations, and the process for using the accommodations, will be discussed.
- Documentation can be submitted in person or by mail to the UWG Accessibility Services, 123 Row Hall, Carrollton, GA 30118, by fax to 678-839-6429, or by email to accessibility-services@westga.edu.

To be Completed by Student:

Name (Last, First, Middle): _____

Date of Birth: _____ UWG ID Number: 917 _____

Cell Phone: _____ Alternate Phone: _____

Home Address: _____

Email Address: _____

Status (Check One): ☐ Current Student ☐ Transfer Student ☐ Prospective Student

To be Completed by Provider:

The Office of Accessibility Services establishes academic and/or housing accommodations for students with a documented disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. The University System of Georgia Board of Regents (USGBOR) requires current and comprehensive documentation for any diagnosis of a disability in order for disability services providers to determine appropriate accommodations and services. Please see [Appendices D-H of the USGBOR Academic and Student Affairs Handbook](#) for more information.

Please check all of the following DSM-5 diagnostic criteria as appropriate to describe current symptoms. **Attach standardized assessments (e.g. Autism Diagnostic Observation System, Autism Diagnostic Interview-Revised, Social Communications Questionnaire) as appropriate.**

_____ Persistent deficits in social communication and social interactions across multiple contexts, such as deficits in:

_____ Social-emotional reciprocity

_____ Nonverbal communicative behaviors used for social interaction

_____ Developing, maintaining, and understanding relationships

_____ Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following:

_____ Stereotyped or repetitive motor movements, use of objects, or speech

_____ Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal/nonverbal behavior

_____ Highly restricted, fixated interests that are abnormal in intensity or focus

_____ Hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment

Please indicate the severity level of the disorder as appropriate.

_____ Level 1: Requiring support

_____ Level 2: Requiring substantial support

_____ Level 3: Requiring very substantial support

Please describe the history of the disorder, specifically the above listed symptoms present in early childhood.

Please check all of the following as appropriate to describe the patient's functional limitations.

_____ Poor concentration

_____ Distracted by internal stimuli

- _____ Disorganized
- _____ Difficulty letting go of ideas, accepting alternate ideas
- _____ Difficulty communicating with faculty/staff and/or other students
- _____ Struggles with making friends and fitting in with peers
- _____ Difficulty taking responsibility for own learning and completing tasks according to timetables
- _____ Trouble living with others, need for quiet and solitude in order to work and study
- _____ Problems interacting with others in seminars or groups
- _____ Difficulty speaking in public
- _____ High levels of anxiety and vulnerability to stress
- _____ Poor time management
- _____ Problems in learning by observation
- _____ Difficulties with ambiguous instructions
- _____ Other _____
- _____
- _____ Other _____
- _____
- _____ Other _____
- _____

Please provide any additional information/context as appropriate concerning the functional limitations.

Please provide any recommendations to address the indicated functional limitations.

Please attach any psychological and/or educational reports that support the diagnosis and complete the following information:

PLEASE NOTE: Assessment of broad cognitive ability using standardized assessment measures with age appropriate norms (e.g. WAIS-IV, DAS, RIAS, C-TONI) is required.

ATTENTION PROVIDER: By signing below you are verifying that the individual has been diagnosed with Autism Spectrum Disorder (DSM-5 Code F84.0). Specify if:

- ☐ With accompanying intellectual impairment
- ☐ With accompanying language impairment
- ☐ Associated with a known medical or genetic or environmental factor

Provider Name: _____

Title: _____

License #: _____

Practice Name and Address: _____

Phone: _____ Fax: _____

Email: _____

Provider Signature (**REQUIRED**): _____

Date of Signature: _____