



## Autism Spectrum Disorder Documentation Instructions and Form

Updated March 2024

### Student Instructions and Information:

- Students must submit **current** documentation to the Office of Accessibility and Testing 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 and Testing specialist'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 encouraged 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.
- For timely review of application, documentation must be submitted by the student requesting services via our [secure portal](#), [AIM](#) located on our website. If you have any questions regarding this process, please email to [accessibility-services@westga.edu](mailto: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 and Testing 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.

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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.

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Please provide any recommendations to address the indicated functional limitations.

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**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: \_\_\_\_\_