Chippewa Valley Technical College
Diversity Resources
620 W. Clairemont Ave.
Eau Claire, WI 54701-6162
715.833.6234 (Direct)
715.833.6470 (Fax)
Diversity@cvtc.edu

DOCUMENTATION OF DISABILITY

All documentation should be submitted as soon as possible to avoid delays in services.
Requests for accommodations are confidential and separate from the CVTC admissions process.

Student Name: _____ **CVTC Student ID: @00**_____

Date of Birth: _____ **Phone Number:** _____

This Section To Be Completed By Appropriate Professional:

1.) **Diagnosis, condition, or DSM-5 code:** _____
_____**Date of diagnosis:** _____

2.) **Description of the severity of disability and current functional limitations related to daily life activities such as: learning, reading, writing, seeing, hearing, walking, working, etc.:** _____
_____
_____
_____
_____
_____

3.) **Medications and side effects or possible side effects such as: drowsiness, inattentiveness, etc., which may influence the types of accommodations needed:** _____
_____
_____
_____
_____
_____

4.) **Is the disability: (check box)** ☐ **Temporary** ☐ **Permanent**
Professional's Name (please print): _____ **Title:** _____
Clinic Name (please print): _____ **Phone:** _____
Professional's Signature: _____ **Date:** _____

Please attach supporting documentation such as testing or evaluation reports or an IEP if appropriate.

We may request additional information as needed.