



Return form and relevant documentation to:
Office of Student Accessibility Services
Illinois Wesleyan University
PO Box 2900, Bloomington, IL 61702-2900
accessibility@iwu.edu
309-556-3231 (phone), 309-556-3436 (fax)

Autism Spectrum Disorder Verification

The Office of Student Accessibility Services provides academic accommodations for students who are on the autism spectrum. To determine eligibility, current and comprehensive documentation/verification from the diagnosing/treating physician, psychiatrist, psychologist, or other qualified professional is required. A full neuropsychological or psychoeducational evaluation is preferred. Submission of this form does not guarantee approval of accommodations.

Student's Name: _____

Date of Birth: _____ IWU ID #: _____

1. ICD-10 or DSM-V diagnosis: _____

2. Date of diagnosis: _____ Date of last contact with student: _____

3. Length of time you have treated this student (specify dates): _____

4. Describe symptoms of this student's diagnosis (please comment on nature, frequency, and severity):

5. Please indicate the level of severity for this diagnosis: ___ Mild ___ Moderate ___ Severe

6. Treatment plan and/or medications (including frequency, dosage and side effects) currently prescribed or used to minimize the impact of the condition(s):

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7. Describe the student’s functional limitations in a university setting:

8. State your specific recommendations regarding accommodations ***with a rationale*** that is based on the student’s academic functioning as to why these accommodations are warranted based upon the student’s diagnosis:

9. Are you aware of other diagnosis(s) (e.g. depression, anxiety, learning disabilities) this student has?

10. Please indicate any additional information that would help IWU’s Student Accessibility Services assist the student in a university setting:

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____ License Number: _____

Street Address: _____ City, State, Zip: _____

Telephone No.: _____ Email: _____

Signature: _____ Date: _____