



## CERTIFICATION OF ASPERGER’S SYNDROME/SPECTRUM DISORDERS

Date: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note that this form may not be used as documentation for a learning disability or ADD/ADHD. Student, please sign in the box below giving our health-care provider authorization to release information to OSA.**

<p>I, _____, authorize my health-care provider to release to OSA  <small>(Print Student's Name)</small></p> <p>the medical/psychological information requested on this form for the purpose of determining appropriate accommodations for my disability while a student at The University of Texas at Dallas.</p> <p>Signature of patient: _____ Date: _____  <small>(Student's Signature)</small></p>
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The above named student has requested academic accommodations from the Office of Student AccessAbility at The University of Texas at Dallas. In order to determine eligibility and to provide services, we require documentation of the student’s disability.

Under the ADA Amendment Act 2008 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more life activities. A diagnosis of a disorder in and of itself does not automatically qualify and individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please return it using the contact information above. This form may be released to the student, if requested. The information you provide will become part of the student’s OSA file, and will be kept confidential. In addition to the requested information, please attach any other information you think would be relevant to the student’s academic adjustment. Please contact us if you have any questions or concerns. Thank you for your assistance.



1. In addition to DSM-V criteria; how did you arrive at your diagnosis? Please check all relevant items below, adding additional information that you think would be helpful to us as we determine which academic accommodations and services are appropriate for the student.

\_\_\_\_\_ Structured or unstructured interviews with the person him/herself.

\_\_\_\_\_ Behavioral observations

\_\_\_\_\_ Developmental/Educational History

\_\_\_\_\_ Medical History

\_\_\_\_\_ Neuro-Psychological Testing – Date of testing \_\_\_\_\_

\_\_\_\_\_ Psycho-Educational Testing –Date of testing \_\_\_\_\_

\_\_\_\_\_ Standardized or un-standardized rating scales

\_\_\_\_\_ Other (Please specify)

**DSM-V Diagnosis(ses):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



2. Please check which of the life activities listed are affected because of the spectrum disorder/Asperger’s diagnosis. Indicate the level of limitation:

Life Activity	No Impact	Moderate	Substantial	Unknown
Concentration				
Memory				
Sleeping				
Eating				
Social Interactions				
Self-care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Stress management				
Organization at home or/and work				

3. What other specific symptoms manifesting themselves at this time might affect the student’s academic performance in areas such as testing, reading, learning, class attendance and participation?

4. Describe when the condition was first diagnosed and circumstances surrounding the diagnosis(ses).

5. How frequently do you meet with the student?





OFFICE OF STUDENT ACCESSABILITY  
800 West Campbell Road – SSB 3.200  
Richardson, Texas 75080  
PHONE (972) 883-2098 FAX (972) 883-6561  
utdallas.edu/access  
[studentaccess@utdallas.edu](mailto:studentaccess@utdallas.edu)

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11. What are the psychosocial issues?

12. Please indicate suggested reasonable accommodations.

**Certifying Professional**

Name/Title \_\_\_\_\_ License/Certificate# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Please attach  
Business Card

***Documentation Retention: All submitted materials will be held in the Office of Student AccessAbility as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the University is not obligated to produce copies for students. Under the UT Systems record retention requirements, disability documentation is mandated to be held for only three (3) years after the student has stopped attending the University of Texas at Dallas.***

Guidelines Adopted from University of California, Berkeley 2010

G: disability/Asperger's form