

# Accommodation Form

## Confidential Memorandum

*Please print or type your responses. Fill the form out completely and attach the required documentation. Forms that are not filled out completely will be returned. Please complete this form and scan or deliver it to your Admissions Representative.*

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Student Name (Printed)

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Cell Phone Number

### The ADA Accommodation Application Process

The student's process of requesting accommodation begins with completing the **Accommodation Form** and obtaining other documentation, as needed, to confirm the disability. Accommodation cannot be determined until the Accommodation Form and documentation have been submitted. Students seeking accommodation are encouraged to complete the Accommodation Form and submit documentation before the quarter begins. Doing so will ensure accommodation is determined in a timely manner.

Accommodation should in no way compromise the essential elements or objectives of the curriculum. Accommodation will be designed to meet a student's disability-related needs without fundamentally altering the nature of the instructional program.

The process for establishing reasonable accommodation is as follows:

1. **Read the Accommodation Policy in the College Catalog and Student Handbook thoroughly before completing the Accommodation Form.**
2. Complete the Accommodation Form. Students are encouraged to complete the **Accommodation Form** and submit documentation before the quarter begins.
3. All supporting documentation must be submitted when completing the Accommodation Form.
4. Upon successful completion of the Accommodation Form and documentation, the student will set up a time to speak with a college administrator for an intake appointment. The student is expected to arrange an appointment and meet with the college administrator.
5. The student and a college administrator will meet to review the documentation to determine reasonable accommodation. The college administrator may request additional information at this time.
6. Once reasonable accommodation is arranged, approved accommodation will be released to the student with a copy to faculty and staff members on a need-to-know basis.
7. For approved academic accommodation, students will make an appointment with each faculty member to discuss the implementation of the accommodations.
8. Accommodation is not retroactive. Although a student has provided documentation, the accommodation becomes active after the student has provided the accommodation approval letter to their faculty member(s). Students are responsible for discussing the implementation of accommodation with faculty to ensure timely enactment of the accommodations.

# Accommodation Form

## Accommodation Form

*(The student must complete the following form for approval of accommodation)*

A disability is defined under the *Americans with Disabilities Act* as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities are: major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

Under the *Americans with Disabilities Act of 1990* and *Section 504 of the Rehabilitation Act of 1973*, individuals with disabilities are guaranteed certain protection and rights to accommodations based upon documentation. The documentation must indicate that the disability substantially limits some major life activity.

The following guidelines are provided in the interest of accommodations, academic adjustments, and/or auxiliary aids. Supporting documentation should meet the following guidelines, if applicable (**please check all that are applicable**):

Documentation must be from a licensed professional, qualified in the appropriate specialty area for which accommodations are being requested and who is not related to the student. Documentation must be on official letterhead from the licensed professional

Documentation should be current. However, the College may use its discretion in cases in which the condition is considered permanent and the documentation is greater than three years old

504 Plans and IEP's can be considered and reviewed as appropriate documentation. The College, however, may request additional documentation in some instances

Other supporting documentation, please list:

When applicable, the documentation should include the following information:

- ✓ A list of the recommended educational accommodations and other accommodations **must be included from a medical professional.**
- ✓ A clear statement of the diagnosed disability including the DSM-IV diagnosis, if applicable
- ✓ An education, developmental, and medical history or summary of presenting symptoms as it relates to the diagnosis
- ✓ A list of all assessment instruments and relevant scores used to make the diagnosis (if possible)
- ✓ A description of the functional limitations resulting from the disability
- ✓ A list of the recommended educational accommodations
- ✓ A statement of why the disability qualified the applicant for accommodations requested

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- ✓ A description of medication's impact on the student's academic functioning

Documentation **NOT** accepted:

- ✓ A brief note from a doctor that simply requests accommodation
- ✓ Information or notes written on prescription pads
- ✓ Copy of after-care instructions
- ✓ Documentation of learning disabilities which is not comprehensive, or which identifies "learning problems" or "learning challenges" but does not specifically diagnose a learning disability

Please describe your diagnosed disability and the approximate date of onset (**required to complete**):

Please describe how your disability affects you both outside and inside the classroom (**required to complete**):

If applicable, please describe any accommodations/services you have received in the past, whether or not you used them (**required to complete**):

# Accommodation Form

Provide a thorough description of all accommodation you are requesting **(required to complete)**:

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Student Name (Printed)

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Signed Name

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Date