

Application for Accommodations – Spring 2019

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA regulations). Accommodations are determined on a case-by-case basis. Student Accessibility Services serves as a link between individuals with disabilities and the campus community. All information regarding disability will be considered confidential and only released to appropriate personnel on a need to know basis. To access services, individuals must initiate a request for specific services/accommodations to Student Accessibility Services. Accommodations determined only apply to University of Mount Union and may not be valid elsewhere.

***Alternate versions of this form are available by contacting Student Accessibility Services*

Personal and Enrollment Information

Name: _____ Date: _____ Phone: _____

Major: _____ Minor: _____

Enrollment Status (full or part-time): _____ Class: _____

(freshman, sophomore, junior, senior)

Education Information

High School attended: _____ City, State: _____

Please describe the accommodations you received in High School (and/or include a copy of those accommodations).

Previous college(s) attended (if applicable): _____

Dates attended: _____ Reason(s) for leaving: _____

Please describe all accommodations and services you received at your prior college or university.

Disability Information

I am requesting accommodations because I am an individual with: (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Hearing Impairment/Deaf |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Visual Impairment/Blind |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Psychological/Psychiatric Impairment |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Chronic/Acute Illness |
| <input type="checkbox"/> Physical Impairment | |

Other (please specify): _____

Date of initial diagnosis: _____

Diagnostic Practitioner: _____

Please describe your primary disability and how it impacts ***your daily functioning***.

Please describe how your disability impacts ***your academic activities***.

What ***strategies*** do you use to manage daily activities and academic tasks?

Please describe any secondary disabilities (if applicable).

What accommodations do you believe you need at the University of Mount Union (complete all applicable sections)?

For Class: (i.e. note taker, interpreter, tutor, recording device, seat in front, large print, lab assistant, etc.)

For Tests: (i.e. extended time, use of a computer/adaptive software, large print, quiet room, non-scantron, etc.)

In the Residence Halls: (i.e. curb less shower, grab bars in bathroom, visual fire alarms, housing 1st floor, etc.)

Do you have a **service animal** (as defined by the Americans with Disabilities Act)? Yes No

Is the service animal required because of a disability? Yes No

What work or task(s) has the service animal been trained to perform?

Are you taking any **prescription medications** for a disability? If yes, please specify.

Are you currently under a **medical professional's care** for your disability? Yes No
If no, please explain:

Will you require **orientation and mobility training** of the campus? Yes No
Have you had orientation and mobility training before? If so, please tell us when and to what extent.

Do you have **allergies** to food, medications, insects, environment, latex products, animals, etc.? If so, please list.

Do you carry an Epi-Pen? Yes No

Informed Consent (Release of Information for Services for Students with Disabilities)

Confidentiality of information is an important component of the work done in the Office of Student Accessibility Services (SAS). Information provided to SAS is considered part of your educational record and is covered under the Federal Family Education Rights and Privacy Act (FERPA).

Information provided to this office will be used to establish ADA/504 eligibility and to develop appropriate accommodations for a given disability. At times it is necessary to speak with professors and other University personnel regarding a SAS registered student. University officials who have a legitimate educational interest in your disability status also have access to FERPA protected records.

For SAS purposes, this release of information authorizes exchange of information between SAS officials and **your current and past professors, any agency or person who conducted an evaluation submitted for consideration of accommodations, and qualified psychological/medical staff of the University.**

SAS encouraged students to obtain and keep copies of their documentation for future use. SAS *will not* forward documentation that originated with another institution or professional, nor will we provide copies for your records.

If you have any questions regarding these policies, please discuss them with the Office of Student Accessibility Services or Center for Student Success before signing this release.

Your signature verifies that you have read, understand, and agree to these policies. You can request a copy of this form for your records.

| | | |
|-----------------------------------|------------------------------|------|
| Student Name (printed) | Student Signature | Date |
| SAS Representative Name (printed) | SAS Representative Signature | Date |

NOTE: This release of information does not constitute an approval for SAS accommodations.

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Please return completed form to the Office of Student Accessibility Services: studentaccessibility@mountunion.edu