

**CLEVELAND UNIVERSITY – KANSAS CITY
DISABILITY ACCOMMODATION REQUEST FORM**



Please print information and return it to the Office of Academic Support and Access Services. Medical or other appropriate documentation of functional limitations must be provided to complete this request. Information contained on this form is **CONFIDENTIAL**, and will only be shared with persons involved in the review process. Your accommodation request will be processed **ONLY** when the requested documentation is provided. You may expect a response to this request within 10 working days of submission of this completed form and all supporting documents.

Name: _____ **Date:** _____

Student Email: _____ **Phone:** _____

PART I: INITIATION OF REQUEST BY STUDENT

I have a **diagnosed disability** for which I can provide supporting documentation.

___ Yes ___ No

■ **If yes, please check all that apply.**

- | | |
|------------------------------|------------------------------|
| ___ Learning Disability | ___ Blind/ Visually impaired |
| ___ ADHD | ___ Traumatic Brain Injury |
| ___ Mobility Impairment | ___ Deaf/Hearing impairment |
| ___ Chronic Health Condition | ___ Autism Spectrum Disorder |
| ___ Mental Health Impairment | ___ Other: _____ |

■ **If yes, when where you diagnosed?**

■ **If no, please explain what you are requesting accommodations for:**

Describe **limitations**, that will affect the **skills and abilities expected of you as a student**, caused by the condition you have checked/named above. (Use additional pages if necessary).



Have you previously received academic accommodations? ___ Yes ___ No (If yes, please check all that apply.)

Classroom:

___ Record Lectures ___ Note Taker ___ FM System
___ Preferential Seating ___ Other: _____

Testing:

___ Extended Testing Time ___ Paper Exams
___ Reader/Scribe ___ Distraction Reduced Environment
___ Other: _____

Assistive Technology:

___ Alternate Form of Textbooks ___ Specialized Software: _____
___ Specialized Hardware or Device: _____
___ Other: _____

What accommodations are you requesting now?

How will the **accommodations you have requested lessen the limitations** caused by the condition you have checked/named above? (Use additional pages if necessary).

Date

Student's Signature



PART II: REVIEW OF REQUEST BY DISABILITY SERVICES COMMITTEE

Comments/Recommendations/Accommodations Offered:

Date at which accommodation(s) will begin (if accommodation requires special construction or purchasing special equipment, indicate time frame expected to be available): _____

Date

Signature of Learning Specialist

PART III: ACCEPTANCE OF ACCOMMODATIONS OFFERED (TO BE COMPLETED BY STUDENT)

I acknowledge receipt of this response and I agree to accept the accommodations offered. I understand that any additional accommodations requested must be accompanied by additional documentation supporting the request.

Date

Signature of Student

*****THIS COMPLETED FORM ACKNOWLEDGING THE REQUEST AND SUBSEQUENT ACTION FOR REASONABLE ACCOMMODATION WILL BE RETAINED BY THE OFFICE OF ACADEMIC RECORDS & SUPPORT WITH A COPY FOR THE STUDENT AVAILABLE UPON REQUEST.*****



