

FOR OFFICE USE:
DATE RECEIVED: _____ INITIALS: _____

Pittsburg State University
Center for Student Accommodations
Application / Request for Accommodation Form

Name: _____ Home Phone: _____ Student ID#: _____
Address: _____ Cell Phone: _____
City: _____ Email: _____
State: _____ Zip Code: _____ Major: _____
Status: FR SO JR SR GRAD Request for: Fall Spring Summer Year: _____
Are you a client of Vocational Rehabilitation? Yes No If yes, home office _____

Are you planning on living on campus? Yes No

TYPE OF DISABILITY (CHECK ALL THAT APPLY):

- | | | |
|--|--|--|
| <input type="checkbox"/> BLIND | <input type="checkbox"/> LOW VISION | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> DEAF | <input type="checkbox"/> DEAF/BLIND | <input type="checkbox"/> CHEMICAL DEPENDENCE |
| <input type="checkbox"/> HARD OF HEARING | <input type="checkbox"/> ORTHOPEDIC | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> HEALTH RELATED | <input type="checkbox"/> ACQUIRED BRAIN INJURY | <input type="checkbox"/> PSYCHOLOGICAL/PSYCHIATRIC |

Other/Describe: _____

Please describe how your disability(s) effect a **major life activity** such as caring for oneself, seeing, eating, walking, lifting, speaking, learning, concentrating, communicating, performing manual tasks, hearing, sleeping, standing, bending, breathing, reading, thinking and working: _____

ACCOMMODATIONS REQUESTED:

(Examples of potential accommodations: extended testing time, distraction reduced area, note taker, reader, etc.)

Student Signature: _____ **Date:** _____

Eligibility Requirements In order to qualify for accommodations students must present written evidence from a qualified professional verifying their disability to the Director of Equal Opportunity and/or Coordinator of Student Accommodations. Reasonable academic accommodations are provided to students with **documented** disabilities. A student claim of a disability is evaluated on a case-by-case basis after carefully reviewing the current facts and documentation of the disability and how it substantially limits a major life activity. The federal definition of a disability is as follows:

A person with a disability:

1. has a mental or physical impairment which substantially limits one or more of such person's **major life activities***.
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

*List of major life activities: caring for oneself, seeing, eating, walking, lifting, speaking, learning, concentrating, communicating, performing manual tasks, hearing, sleeping, standing, bending, breathing, reading, thinking and working. It also includes "the operation of major bodily functions" such as functions of the bowel system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

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DOCUMENTATION OF DISABILITY

Name (**Print**) _____ Phone _____

Address _____ City/State/Zip _____

By signing this form I grant permission for information concerning my disability to be released to Pittsburg State University, Center for Student Accommodations and/or the Equal Opportunity Office. All documentation of disability information is treated as confidential material.

Signature _____ Date _____

FOR PROFESSIONAL QUALIFIED TO MAKE DIAGNOSIS: The above faculty, staff or student has requested that you complete the following information or provide a written report that addresses all the areas listed to verify their disability. To ensure the provision of reasonable and appropriate services for students with disabilities, students needing services are required to provide current and comprehensive documentation of their disability. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids or service, academic adjustment, or other accommodation is needed.

Documentation Guidelines: Documentation must be typewritten on business letterhead from a licensed healthcare professional who is qualified to give a psychological and/or medical diagnosis and not related to the student. The most recent report update should be no more than 3 years old. The name, credentials and signature of the licensed healthcare professional must appear on the documentation.

- The documentation must include all pertinent diagnoses, preferably with the diagnostic code(s) from the DSM-V or ICD-9-CM.
- The report should include information outlining testing/assessment tools used. Any learning disability testing **must** include the actual standard test scores.
- Information on how the disability impacts the student's major life activities: caring for oneself, seeing, eating, walking, lifting, speaking, learning, concentrating, communicating, performing manual tasks, hearing, sleeping, standing, bending, breathing, reading, thinking and working.
- Documentation should address all pertinent positive and negative effects of mitigating (treatment) measures. This could include a description of treatment, medications (and potential side effects), and assistive devices with estimated effectiveness of their impact on the disability.
- Documentation should provide recommendations for accommodations for the student and include the rationale for the recommended accommodations.