

ADA Accommodation Request

Part A: Student Information

Return to: Jeff Cole, jeff.cole@alfredadler.edu, (612) 861-7559 fax

To request an accommodation under Title III of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, please complete and submit this form at least 3 weeks prior to the beginning of the academic term to ensure a greater likelihood any accommodation granted would be in place for the first day of the term. **Accommodations will not be applied retroactively.**

Student Name _____
 (preferred) Last First MI

Legal Name _____
 (if different than preferred) Last First MI

Pronouns ☐ he/him/his ☐ they/them/theirs
☐ she/her/hers ☐ other _____

Student email _____ @mail.alfredadler.edu DOB _____
 mm/dd/yyyy

Disability (select all disabilities for which an accommodation is requested)

- | | |
|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Psychiatric/Psychological |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Traumatic/Acquired Brain Injury |
| <input type="checkbox"/> Learning Disability – Reading | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Learning Disability – Writing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Medical | <input type="checkbox"/> _____ |

Describe any accommodations and/or assistive technologies you have received that were helpful in a higher education setting and/or that you use regularly.

I understand my ADA file and other college records may be accessed to provide me with support services. I understand it is my responsibility to notify the Accessibility and Career Services Coordinator of any change in my disability status or accommodations.

Student Signature

Date

Part B: Licensed Professional Disability Documentation

Student Name _____
(preferred) Last First MI

Legal Name _____
(if different than preferred) Last First MI

This form assists health care providers in identifying a student's disability-related barriers and helps to ensure the student has equal access to materials and academic requirements.

- Adler Graduate School utilizes an interactive process to identify disability-related barriers and determine reasonable accommodations. The Accessibility & Career Services Coordinator evaluates essential course and program requirements and selects accommodations that support equal access.
- Adler Graduate School stores disability documentation securely in accordance with the Family Educational Rights and Privacy Act (FERPA). Documentation may be reviewed by the student upon written request.

Describe the medical condition and degree of impairment.

<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Consistent impact </div> <div style="width: 45%;"> <input type="checkbox"/> Episodic impact </div> </div> <div style="margin-left: 300px; margin-top: 10px;"> frequency _____ duration _____ </div>

Describe how the student's disability, symptoms, and/or medication side effects result in functional limitations in one or more major life activities (e.g., reading, writing, seeing, hearing, concentrating, learning, walking).

Describe how the disability results in functional limitations that impact specific academic tasks (e.g., difficulty typing or sustaining attention during lectures).

Provide any additional information relevant to understanding the functional limitations of the disability and to determining reasonable accommodations.

Please provide signature or official stamp below:

Licensed Professional Printed Name

Title, Licenses, Credentials Licensed

Professional Signature

Date

Official Stamp: _____
Hospital/Clinic/Practice Group Name, Address and Telephone