



Re: Disability Accommodations and Assessment

Dear Student:

Washburn University and Washburn Institute of Technology provides disability-related accommodations in compliance with the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973.

To request a reasonable accommodation in order to allow you to participate in educational programs and activities, contact the Associate Dean for Student Affairs by telephone at (785) 670-1662 or email at [accommodations@washburnlaw.edu](mailto:accommodations@washburnlaw.edu). The Dean will arrange a meeting to engage you in a cooperative process to determine what, if any, accommodations are necessary to enable you to perform the essential functions of your course work.

Prior to the meeting, the appropriate disability assessment form(s) should be completed by you and your healthcare provider. Your course syllabi should accompany the request for completion of the assessment form(s). For help in obtaining your course syllabi, contact the professor or the Dean's staff at 785-670-1662. Upon receipt of the completed form(s) from your healthcare provider, the Dean will arrange a meeting with you to determine what, if any, accommodations are necessary and effective to enable you to perform the essential functions of your course work.

Please have the appropriate health care professional complete the applicable assessment form(s), including the General Disability Assessment Form, and provide any additional information relevant to this request. The assessment form(s) will need to be signed, dated, and returned to the Dean for review.

Should you have any additional questions or concerns, please contact me directly.

Sincerely,

Danielle Dempsey-Swopes  
Associate Dean of Student Affairs

Washburn University [prohibits discrimination](#) based on race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michelle White-Godinet, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, [edirector@washburn.edu](mailto:edirector@washburn.edu).



## GENERAL DISABILITY ASSESSMENT FORM

\_\_\_\_\_  
Student/Patient Name (Please print)

\_\_\_\_\_  
Course(s)/Service(s) (Please print)

To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disability from the diagnosing physician or healthcare provider. The provider completing this form cannot be a relative of the student. Items 1-10 must be completed in full. If the space provided is not adequate, please attach a separate document. The provider should attach any reports that provide additional related information. The attachments may include psycho-educational report and test scores. The report should include a list of the diagnostic tests utilized, a list of the results of the diagnostic procedures and tests, and the dates they were administered.

1. What is the diagnosis (e.g., medical, DSM-5, etc.) (list all that apply):

2. Date of original diagnosis:

3. Date of patient's last evaluation:

4. What is the severity of the condition?

Check one:  Mild  Moderate  Severe.

Explain the severity:

5. Using the chart below, please check any major life activities substantially affected because of the disability and/or impairment and explain the limitations.

Life Activity	Little to No Impact	Moderate Impact	Substantial Impact	Don't Know
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating/Digesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading/Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting/Standing/Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiating Work/Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What limitation(s) is interfering with academic performance or accessing a benefit of education or on campus housing?

7. What academic function(s) or benefits of education is the student having trouble performing or accessing because of the limitation(s)?

8. How does the student's limitation(s) interfere with his/her ability to perform the academic function(s)?



9. What accommodations do you recommend **AND** how will these accommodations improve the student's academic performance?

10. Additional information that will assist Washburn University in determining appropriate reasonable accommodations:

**The provider completing this form cannot be a relative of the student.**

**I am the medical provider for the student named above and recommend the disability accommodation(s) noted on this form.**

Health Professional's Information:

Name (Please print) \_\_\_\_\_

Type of practice/Medical specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Health Professional

Date

License number: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_

State of Licensing Authority: \_\_\_\_\_

**Please return this form to:**

**Danielle Dempsey-Swopes**  
**Washburn University School of Law**  
**1700 SW College Avenue, Topeka, KS 66621**  
**Phone: 785-670-1662**  
**Email: [accommodations@washburnlaw.edu](mailto:accommodations@washburnlaw.edu)**

## STUDENT INTAKE QUESTIONNAIRE

**Student Name:** \_\_\_\_\_

1. Did you receive disability-related accommodations in high school, including accommodations for standardized tests such as the SAT or ACT?

If accommodations were received in high school, please provide a copy of the IEP supporting each accommodation, and the accommodation report from ACT Inc. or The College Board.

2. Did you receive disability-related accommodations in college, including accommodations for standardized tests such as the LSAT or GRE?

If accommodations were received in college, please provide a copy of the documentation from your college showing the nature and extent of the accommodations received, and the accommodation report from LSAC or ETS

3. Will you apply for disability-related accommodations on the bar exam(s)?
4. If so, which bar exam(s) are you planning to take?

If you will not apply for accommodations on the bar exam, please explain why not.

5. Have you had any testing by an educational psychologist that supports your need for academic accommodations?

If so, provide a copy of the testing report conducted by your educational psychologist.