University Diversity &
Inclusion Office

REGISTRATION FOR STUDENT
ACCOMMODATIONS
INSTRUCTIONS

First Time Registrations:


2. Service Request Form: complete this form to register for services, return it to our office or email to lisa.galindo@wasburn.edu or diversity.inclusion@wasburn.edu at your earliest convenience. If you have questions or unusual circumstances schedule an appointment with Diversity & Inclusion staff by calling 785-670-1629.

3. Disability and Assessment Form: print your name and Washburn Identification Number (WIN) on the form, ask your medical professional to complete the assessment form and return it to Diversity and Inclusion.

Renew Registration For Upcoming Semester:

1. Complete the relevant Service Request Form and submit it to University Diversity & Inclusion Office.

2. If there are any changes to your disability and/or accommodations, submit updated documentation to University Diversity & Inclusion Office.

3. Medical information is not required to renew registration unless the documentation is more than 5 years old.
Re: Disability and Impairment Assessment

Form 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.

Washburn University prohibits discrimination on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu

APPEAL PROCEDURE
The Director is authorized by Washburn University to provide reasonable accommodation at his/her discretion. Should the student disagree with the recommendation of accommodations, he/she may appeal in writing to a committee including the Associate Vice President of Student Life and the Equal Opportunity Director. The committee will meet with the student as soon as practicable. Final determination of the accommodation(s) will be implemented by the committee.

Please ask the appropriate health care professional to complete the following assessment form and provide any additional information relevant to this request. The assessment form will need to be signed, dated and returned to diversity.inclusion@washburn.edu

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

Sincerely,

Danielle Dempsey-Swopes
Director
University Diversity and Inclusion
Accommodation Request Form
Sem _____ Year______

Please complete and return to University Diversity and Inclusion

<table>
<thead>
<tr>
<th>Last</th>
<th>Middle</th>
<th>First</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>WIN</th>
<th>Official Washburn email</th>
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</table>

<table>
<thead>
<tr>
<th>I plan to live on campus</th>
<th>I have an off-campus clinical/practicum/internship for the upcoming semester</th>
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</thead>
</table>

WU Advisor: VR Counselor:

- Academic Accommodations (check all that apply)
  - Permission to Tape Record Lectures
  - In-Class Notetaker
  - Sign Language Interpreter
  - Real-Time Captioning
  - Large Print
  - Table and Chair in Classroom
  - Assistive Technology (training required)
  - Textbooks in Alternate Format (Must provide an Alternate Format Form for each textbook 3-4 weeks in advance of your need)
  - Other (please specify):

- Test Accommodations:
  - Extended Test Time
  - Distraction-Reduced Environment
  - Test Reader
  - Test Scribe
  - Other: ________________

- Program Accommodations (check all that apply)
  - Accessible Classroom
    - Building________ Room________
    - Building________ Room________
  - Accessible Residential Living
  - Service Animal (Request Service Animal Agreement)
    - Building____________
  - Emotional Support Animal (Request Assistance Animal Contract)
    - Building_________________

Other (please specify): __________________

**PLEASE CHECK ONLY ONE:**

- I request the above accommodations for all courses enrolled in during the Summer 2020 semester.
- I request the above accommodations for the following courses enrolled in during the Summer 2020 semester (please specify):

I understand it is my responsibility to make an appointment with each of my instructors and to discuss my accommodations requests. If I am having difficulty with accommodations or I am changing my schedule, it is my responsibility to notify staff with The University Diversity & Inclusion office as soon as possible.

Student Signature: ___________________________ Date: _______________________
Accommodations are arranged on an individual basis. Please list each course for which you are requesting accommodations and list the specific accommodation(s) desired for that course. University Diversity & Inclusion Office will prepare a letter for each instructor. When your accommodation packet is ready, you will be notified through your Washburn email to come pick it up within three business days. If not picked up, your file becomes inactive.

<table>
<thead>
<tr>
<th>COURSE #/SECT</th>
<th>CRN</th>
<th>COURSE TITLE</th>
<th>DAY/TIME</th>
<th>BLDG/RM</th>
<th>INSTRUCTOR</th>
<th>ACCOMMODATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td>Intro/Astronomy</td>
<td>TR/</td>
<td>HC/304</td>
<td>Faculty Name</td>
<td># 3 and 6</td>
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<td></td>
<td></td>
<td></td>
<td>9:30-10:45</td>
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</tbody>
</table>

I know it is my responsibility to make an appointment with each of my instructors and to discuss my accommodation requests. If I am having difficulty with accommodations or am changing my schedule, it is my responsibility to notify University Diversity & Inclusion Office as soon as possible.

_________________________  ____________________
Student Signature                 Date
1. What is the medical/DSM-5 diagnosis (list all that apply):

2. Date of original diagnosis:

3. Date of patient’s last evaluation:

4. Using the chart below, please check any major life activities substantially affected as a result of the disability and/or impairment and explain the limitations.

<table>
<thead>
<tr>
<th>Life Activity</th>
<th>Yes</th>
<th>No</th>
<th>Functional Limitation on the Major Life Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing</td>
<td></td>
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<td></td>
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<tr>
<td>Caring for oneself</td>
<td></td>
<td></td>
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<tr>
<td>Concentrating</td>
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<tr>
<td>Hearing</td>
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<tr>
<td>Interacting with others</td>
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<tr>
<td>Lifting</td>
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<tr>
<td>Reaching</td>
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<td>Reading</td>
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<td>Seeing</td>
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<td>Sitting</td>
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<td>Sleeping</td>
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<td>Standing</td>
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<tr>
<td>Talking</td>
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<tr>
<td>Walking</td>
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<tr>
<td>Working</td>
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<tr>
<td>Organizing</td>
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<tr>
<td>Initiating Work</td>
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<tr>
<td>Memory</td>
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<td>Stress Management</td>
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<td>Timely submission of assignments</td>
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<tr>
<td>Understanding directions</td>
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<tr>
<td>Managing internal/external</td>
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<td></td>
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<tr>
<td>distractions</td>
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</table>
5. How does the condition/impairment affect work performance (refer to the position description)?

6. What accommodations do you recommend and how do these accommodations relate to the impact of the disability and/or impairment?

6. Additional comments:

Health Professional’s Information:

Name (Please print) _________________________________________________________________

Type of practice/Medical specialty: _________________________________________________

Address: _______________________________________________________________________

City/State/Zip Code: ______________________________________________________________

Telephone: ______________________________      Fax:__________________________________

_______________________________________________ ____________________

(Signature of Health Professional)   (Date)

Please return this form to:
Director of University Diversity and Inclusion
Washburn University, 1700 SW College Ave, Topeka, KS 66621
Fax: 785-670-1056   Phone: 785-670-1629

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