

Accommodation Request Form
Washburn University
Office of University Diversity & Inclusion
1700 College Ave Topeka, KS 66621 (785) 670-1629

Instructions: The student should complete Pages 1-2, and your health-care/ medical provider should complete Pages 3-5. The form should be returned to the Office of University Diversity and Inclusion.

Student completes this section:

Student name: _____
(Last) (First) (Middle)

Birth date: _____ Gender: Male\Female\Non-Binary: _____

What semester are accommodations needed? _____

Permanent address: _____

Permanent phone #: _____

Local address: _____

Local phone #: _____ WU E-mail address: _____

WU Advisor _____ VOC/REHAB Counselor: _____

Counselor Number: _____ Counselor Address: _____

Degree Plan:

Undergraduate: _____ Graduate: _____

Major: _____ Minor _____

For students requesting recording lectures please check this box to acknowledge recording limitations and responsibility.

I understand that if I receive approval to record lectures as an accommodation, recordings, in any learning format (in-classroom, remote, or online), lectures and other materials created by instructors remain their intellectual property and must not be shared, copied, or disseminated without the author's written permission. Any recordings of lectures or classroom experiences are to be used solely for the information or experience provided and are not be shared, copied, or disseminated without the written permission of everyone shown or heard in the recording. I understand that once there is no longer a need for the recordings, (end of semester, completion of exams etc.) all of the class recordings will be deleted.

Student's Name

Student's Signature

Date

OFFICE USE ONLY:

Received: _____

Not Approved: _____

Approved: _____

Contact Residential Life: _____

Student Notified: _____

Faculty Notified _____

Student Request Page 2, Accommodation Type

For Semester _____ Year _____

Please choose the type of accommodations in sections 1-6 below

1. Academic Accommodations (check all that apply)

- Permission to Tape Record Lectures
- In-Class Notetaker
- Sign Language Interpreter
- Real-Time Captioning
- Large Print
- Accessible Classroom
- Table and Chair in Classroom
- Assistive Technology
- Flexibility with due dates
- Flexibility in attendance/excused absences
- Textbooks in Alternate Format (Must provide an Alternate Format Form for each textbook 3-4 weeks in advance of your need)

2. Other Academic Accommodation (please specify):

3. Course Waiver/Substitution Request (Please attach letter specifically detailing the need for a Waiver/Substitution in addition to medical form.)

4. Test Accommodations:

- Extended Test Time
- Distraction-Reduced Environment
- Test Reader
- Test Scribe
- Other

5. Accessible Residential Living

Request: _____
Building: _____

6. Emotional Support Animal (Request for Approval)

Building: _____
Type of Animal: _____
Service Provided: _____

7. Meal Plan Exemption Indicate Reason for Exemption. Attach additional sheet if needed to explain

Disability and Impairment Assessment Form

Medical Provider Must Complete this form

Student's Name: _____

Washburn ID Number: _____

Washburn University provides academic accommodations to students with disabilities. A student's documentation regarding the medical condition must demonstrate that the student has a disability covered under the Americans with Disabilities Act (ADA 1990) and the Americans with Disabilities Act Amendments Act (ADAAA, 2009). **The ADA/ADAAA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disability from the diagnosing physician or health-care provider. The provider completing this form cannot be a relative of the student. Items 1-7 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 (e.g., psycho-educational report and test scores on **the description 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.**

Illegible forms may delay the process for the student.

1. What is the student's Medical/DSM-5 diagnosis, please list all that apply?

a) Date of original diagnosis?

b) What is the severity of the condition? Please check one: Mild Moderate Severe

c) Please explain severity:

2. Please check which of the major life activities listed below are affected by the diagnosed disability. Please indicate the level of limitation.

Life Activity	Little to No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<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"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing external distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<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 ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<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"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please state the following:

a) Date of first evaluation with student:

b) Date of last evaluation of student:

4. What limitation(s) interfere with the academic performances or access to benefit of education or on campus housing? How does the student's limitations interfere with the ability to perform academically?

5. What academic functions or benefits of education is the student having difficulty with because of the limitations? (e.g., in a classroom setting).

6. What specific accommodations do you recommend AND how will these accommodations improve the students' academic performance?

7. Please state the reasons for this recommendation related to the student's condition).

Student Name _____ WIN# _____

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 accommodations noted on this form.

Signature of provider _____ Date _____

License # _____ Licensing Authority _____ State _____

(Please Type or Print Legibly)

Name/Title: _____

Address: _____

Phone: _____

Please Return completed form to:
Office of University Diversity & Inclusion
Attn: Danielle Dempsey-Swopes
Washburn University
1700 College Ave
Topeka, Kansas 66621
Phone: 785-670-1622
Fax: 785-670-1056
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