



**Request for Services and
Accommodations
for Student with Disabilities**

Name:	Date of Request:
Home Phone:	Cell Phone

Education Program Enrolled:		
Please indicate the type of disability for which you are seeking accommodations:		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Medical:		
<input type="checkbox"/> Motor Impairment:		
<input type="checkbox"/> Psychological Disability:		
<input type="checkbox"/> Other:		
Describe the problems, if any, your disability causes in an academic setting. Explain how you have solved these problems in the past:		
Type of accommodation requested, (please be as specific as possible):		
Type of accommodations received in the past (please be as specific as possible):		
Reason for requested accommodation (i.e. how will the requested accommodations address your disability needs):		

Note: By signing this form you are voluntarily disclosing your disability and request for reasonable accommodations. You understand that for your accommodation request to be considered, you must meet with the Dean of Student Services to discuss your request and qualified disability. You understand that you may be requested to provide documentation of your disability and need for accommodations from a qualified professional (Guideline for documentation from a qualified professional is attached).

Student Signature:

Date:

Documentation Guidelines for Students with Disabilities

Eligibility is defined by *The Americans with Disability Act (ADA)* and is determined based on documentation. The ADA defines eligible persons as: “any person who (A) has a physical or mental impairment which substantially limits one or more of such person’s major life activities (B) has a record of such impairment, or (C) is regarded as having such an impairment.” Documentation must indicate that the disability substantially limits some major life activity including learning.

The student is responsible for providing documentation.

Diagnostic reports provided as documentation of student’s disability must be on letterhead paper and include the diagnostician’s name, title, professional credentials, date and signature. The report should also include the student’s name, date of birth, and date of testing. *Please note that documentation on a doctor’s prescription pad will not be accepted.*

Information in the diagnostic report should include, but is not limited to:

- The specific diagnosis of the disability (i.e., International Classification of Diseases, 10th Edition [ICD-10], American psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM-V]) must be clearly stated and describe how the diagnosis was made.
- Information on the functional impact of the disability, including the major life activities that the disability substantially limits, including, without limitation, hearing, seeing, breathing, performing manual tasks, caring for oneself, and/or learning (reading and writing).
- Summary of educational, developmental and medical history relevant to the disability.
- A history of the disability, including previous settings in which accommodations, auxiliary aids, assistive devices, or support services have been granted. If there is no history of prior accommodations, the examiner must explain why current circumstances necessitate accommodations.
- Formal and/or informal methods of evaluation. Formal, standardized assessment may include diagnostic criteria, methods and procedures used, tests and dates of administration, and a clinical narrative. Informal methods should explain their role in the diagnostic process (i.e. history of accommodations, educational situations, and extent of the disability’s impact).
- Suggested recommendations for accommodations and a rationale for why the accommodation is needed.
- Current documentation, usually within the last three years.
- ADHD documentation must include evidence of early impairment, evidence of current impairment, and relevant testing information used to determine the diagnosis.

Note: Test anxiety by itself does not meet the criteria for testing accommodations.

Student Name:	Date:
Student's Home Address:	
City/State/Zip:	
Student's Telephone No.	
Student Signature:	
<p>The above student has requested that you complete the following information to verify their disability. To ensure the provision of reasonable and appropriate services for students with physical and/or mental disabilities, students needing such services are required to provide current and comprehensive documentation of their disability. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations.</p> <p>We ask that you complete the following sections or provide a written report on letterhead paper that addresses the areas listed below:</p> <p>Please mail or fax the completed form or written report to:</p> <p>St. Luke's College Danelle Johannsen, Dean, Student Services 2800 Pierce St, Suite 410 Sioux City, IA 51104 Fax: (712) 233-8017</p>	
Date of diagnosis:	Today's Date:
Diagnosis (ICD-10 and/or DSM-V):	
Tests and Scores used to determine diagnosis:	

Diagnostic Interview /Summary:

A statement of the current functional impact or limitations of the disability on learning or other major life activities:

Recommended academic accommodations, along with rationale for how accommodation will address the student's disability:

Provide a summary of the student's educational, medical, and family history that may relate to the disability:

Signature with credentials:

Printed Name and Title:

Address:

Telephone: