

Request for Accommodations Form

The office of Student Disability Services (DSS) coordinates accommodations for qualified students with disabilities. Such accommodations may include examination-related accommodations, such as extended time or a distraction-reduced environment, use of a reader or scribe, etc. Students seeking accommodations must complete this form and schedule an appointment to meet with the DSS Coordinator.

Student Information

Name _____
Last First Middle

Calvary University ID # _____ Date of birth ___ / ___ / _____ Male Female

CU Email Address _____ Other Email Address _____

CU Address _____

Home Address _____

Student Phone _____ Home Phone _____

Please check: Freshman Sophomore Junior Senior Seminary

Check applicable: Veteran CU Athlete International Student Transfer Student

Have you previously received accommodations and services from Calvary University? Yes No

If yes, when did you receive these services? _____

Please describe the accommodation(s) you received: _____

Semester for which you are requesting accommodations: Fall 20___ Spring 20___ Summer 20___

Educational History / Background Information

Where did you attend high school? _____

Did you receive special education services in high school? Yes No

If yes, what accommodations did you receive? _____

Did you transfer from another college or university? Yes No

If yes, where did you transfer from? _____ Date attended: _____

Have you received accommodations from another college or university? Yes No

If yes, what accommodations did you receive? _____

Other Universities attended and dates: _____

Disability-Related Information

This section must be completed fully. Please mark ALL that apply.

I am requesting accommodations because I am an individual with:

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) or Asperger's Syndrome (AS) | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Medical Illness (Chronic / Acute) |
| <input type="checkbox"/> Communication / Language Disorder | <input type="checkbox"/> Mental Health Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment | |
| <input type="checkbox"/> Traumatic Brain Injury / Closed Head Injury | |
| <input type="checkbox"/> Other: _____ | |

Specific Diagnosis/(ies): _____

Type of Documentation Submitted: _____

1. Please describe your disability: _____

2. In what ways does your disability impact your life and school experiences?

3. Describe the kind of assistance you are seeking from the Disability Services Office at this time:

4. What types of services / accommodations have you used in the past that were helpful?

5. What are your academic strengths? _____

6. What are your academic weaknesses? _____

Please list all prescribed and non-prescribed medications, include dosage, and describe the side effects, if any, from taking the medication. Please use additional space if needed.

_____ Dosage: _____ Administered: _____ Side Effects: _____

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Disclosure Information

By completing and signing this application, the signer is voluntarily disclosing a disability and requesting accommodations.

Disclosure of a disability at this time does not necessarily confirm eligibility status for services or accommodations.

PLEASE NOTE: Calvary University requires documentation of your disability. Once the appropriate documentation is received, the DSS Coordinator will review and determine eligibility for accommodations.

I certify by my signature that all of the above information is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

Next Steps:

1. Have your healthcare provider submit documentation to Disability Student Services (DSS):

DSS Coordinator, c/o Calvary University
15800 Calvary Road, Kansas City, MO 64147

2. Contact DSS Coordinator to schedule an appointment to discuss specific academic accommodations (if any) to be provided.