

Request for Accommodations Form

The Office of Accommodation Support (ASO) 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 ASO Coordinator.

Student Information

Name _____
Last First Middle

Calvary University ID# _____ Date of birth ____/____/____ M ___ F ___

CU Email Address _____ Other Email Address _____

CU Address _____

Home Address _____

Student phone _____ Home phone _____

Please check: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Seminary

Check if applicable: ___ Veteran ___ CU Athlete ___ Transfer Student ___ International Student

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

If yes, when did you receive 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

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

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:

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

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 _____
_____	Dosage _____	Administered _____	Side effects _____

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 ASO 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 Accommodation Support office (ASO):
Jamie Franz, ASO Coordinator
Calvary University
15800 Calvary Road
Kansas City, MO 6414
2. Contact ASO Coordinator to discuss specific academic accommodations (if any) to be provided.