

Accommodation Request Form

Student Information

Date:

Major:

Name:

Resident Commuter Residence Hall:

SID:

Home address:

Day CPS CPS Campus:

Phone:

Class standing/Anticipated Graduation Date:

Disability Information:

Please list disability(s):

How does your disability impact you as a student?

List any current medications and /or treatments you receive and any related side effects:

What are your strengths?

How comfortable are you advocating for yourself and your needs without disclosing your disability?

Accommodations/Auxiliary Aids

What accommodations/services are you requesting?

What accommodations/services have you used in the past?

Documentation provided from qualified professional: yes no

(Documentation must be on file in order to receive services, please contact our office if you have questions.)

INDIANATECH

Office of Student Success – Disability Services

Notification of Professors:

I understand that it is my responsibility to give my professors a copy of my Faculty Access Plan each semester/session and to let them know when I will need to use my accommodations. _____ (please initial)

Signature of Student: _____ Date: _____

Signature of DS Coordinator: _____ Date: _____

You may attach additional information and email, mail or fax to:

jlblack@indianatech.edu

Indiana Tech-Office of Student Success - ATTN Disability Services

1600 E. Washington Blvd – Snyder Academic Center, Room 003

Fort Wayne, IN 46803

Phone: 260.422.5561 Ext. 2338

Fax: 260.422.1376

Student Responsibility Statement

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA), qualified individuals with disabilities are guaranteed certain protections and rights of equal access to educational programs and services. Academic accommodations are made in relation to a documented disability. Indiana Tech will collaborate with appropriate external agencies as needed in order to provide accommodations

Students Requesting Accommodations are Responsible for:

1. Identifying self to the Disability Services Coordinator
2. Completing appropriate paper work.
 - a. Request for Academic Accommodations
 - b. Student Responsibilities Statement
 - c. Informed Consent and Release of Information
3. Providing documentation from a professional who is qualified to assess his/her disability.
4. Paying for the cost of professional evaluations if needed.
5. Communicating how the disability impacts and functionally limits major life activities.
6. Identifying effective accommodations.
7. Meeting with the Disability Services Coordinator to develop a Faculty Access Plan.
8. Contacting the Disability Services Coordinator at least once per semester to review the plan's effectiveness.
9. Present Faculty Access Plan to his/her professors each semester/session.
10. Contact Disability Services Coordinator in the event that granted accommodations are not provided in the course.

Statement of understanding

I acknowledge the above guidelines. I understand that my failure to follow these guidelines may hinder the delivery time of my academic accommodations.

Student Signature: _____ Date: _____

Informed Consent and Release of Information

I am aware that:

- It is my right and responsibility to disclose my disability to Disability Services when and if I choose to initiate requests for accommodations.
- I must make accommodation requests in a timely fashion.
- I may be asked to present my Faculty Access Plan to verify a request.
- I may request assistance from the Disability Services Coordinator when making an accommodation request.
- I may request a review of my current Faculty Access Plan to a particular context at any time.
- I may file an appeal with the AVP of Student Success if mutually acceptable accommodations cannot be established by the Disability Services office.

The information concerning my disability is confidential and will not be released without my consent. At this time I give my consent to the Disability Services Coordinator to release information relevant to my disability and participation in college courses and programs to:

Select:

- () My professors, for instructional purposes
- () My advisor
- () Career Services, for job opportunities and information
- () My athletic coach
- () Residence Life
- () Other [please specify]: _____

I have taken the opportunity to read the Informed Consent and Release of Information form and to ask questions. I understand the rights and responsibilities outlined in this document.

Student signature: _____ Date: _____