



ACCOMMODATION REQUEST AND CONSENT FORM

Directions:

Complete steps 1 through 3 below and return completed forms to the Student Services Department.

Please let the Director of Student Services or designee know if you need assistance in completing the forms or if you have questions.

Student Name _____ StudentID _____

Academic Program _____ Semester Start Date _____

Are you affiliated with ACCESS VR: YES NO Request Date _____

Step 1:

1. What is the nature of your disability? Please share any formal diagnosis you have received. Do you have an IEP (if so please include). When did you receive the Diagnosis?

2. Please describe briefly how your disability affects your work in the classroom, when studying, when operating training equipment, and how it affects any major life activities.

3. Please tell us about the accommodation you are requesting. Include specific information such as the nature of any adaptive equipment and the length of any extra time requested. Also, please explain how the requested accommodation addresses your disability.

4. If you received accommodations in previous academic settings, please tell us where you received accommodations and please list in detail the accommodations that you received.

5. Please share any additional information that would be helpful (e.g., any assistance that you may need in the event of a building evacuation, etc.).

Step 2:

CONSENT AND AUTHORIZATION TO DISCLOSE INFORMATION

I am a potential applicant, applicant, or student at NYADI. I voluntarily disclosed my disability, medical and/or health condition to a member of the Student Services Department, and I have requested an accommodation and/or modification in NYADI's policies, practices or procedures and/or provision of an auxiliary aid(s) or service(s).

I authorize the Director of Student Services and/or designee to discuss the facts and circumstances surrounding my request with anyone at NYADI that the Director or designee deems reasonably necessary to evaluate and implement my request. This may include the Director Academic Affairs and the Student Affairs Advisor(s).

I also authorize the Director or designee to discuss the facts and circumstances surrounding my request with each of the following individuals outside of NYADI:

I certify and agree that the facts contained in the above Accommodation Request and Consent Form and the Consent and Authorization to Disclose Information is true and correct.

Signed this _____ day of _____ 20____.

Applicant/Student Name (please print)

Applicant/Student Signature

X _____

Step 3:

DOCUMENTATION REQUIREMENTS

NYADI

To assist NYADI in evaluating requests for accommodation, students with disabilities who seek modifications must provide documentation of the reported disability to the Director of Student Services or designee. Students should provide the Director of Student Services or designee with:

1. Copies of any IEPs and Section 504 or other individualized plans. The Student Services Department will evaluate these documents on a case-by-case basis; however, additional and more current documentation may be required.

OR

2. Signed and dated certification on letterhead from an appropriately licensed health care provider, which (a) describes any physical or mental impairment that substantially limits a major life activity; (b) identifies the major life activity(ies) impacted; (c) describes how the impairment affects the student's ability to participate in NYADI courses, programs, services, and/or activities; and (d) specifically describes any accommodation or modification recommended and the relationship between the requested modification and the impairment.

Directions to Health Care Provider: Please provide the information below on letterhead. Documentation should be signed, dated, and provided to the student who will submit to the Student Services Department for review.

1. Describe the student's physical or mental impairment that substantially limits a major life activity;
2. Identify the major life activity (ies) that are impacted;
3. Describe how the impairment affects the student's ability to participate in NYADI's courses, programs, services, and/or activities; and describe any accommodation or modification recommended and the relationship between the requested modification and the impairment.