

## **Accommodations Request Form**

(Please read and complete carefully)

Thank you for contacting Disability Support Services (DSS) at Concordia University. Please complete and return the Request Form and Release of Information Form in order to request any academic adjustments.

In addition, **please provide professional documentation to support your disability** along with this request so that our office may assess what accommodations are reasonable and appropriate. *Please be aware that completing and submitting these forms does not guarantee that a particular accommodation will be approved or implemented.*

You will also need to schedule an intake appointment with DSS. Please call DSS at 402-643-7187 or email the DSS Coordinator at [ada@cune.edu](mailto:ada@cune.edu)

DSS reviews each student's request, self-report, and appropriate supporting documentation to determine reasonable accommodations as necessary for accessibility and participation.

**Accommodations are not retroactive. Some accommodations take longer to implement than others. Students are strongly encouraged to request accommodations well in advance of the course start date or within the first week of class. Notification several weeks in advance is ideal.**

### **Steps to receiving accommodations/adjustments:**

1. Submit completed Intake Form and Release of Information Form
2. Include professional documentation to support your disability in order for DSS to assess what accommodations are reasonable and appropriate. (Please see the attached Guidelines for Documentation)
3. Schedule an appointment with DSS by calling 402-643-7187. (Note: Intake Form, Release of Information Form, and Documentation must be submitted before appointment)
4. DSS reviews and assesses the granting of reasonable and appropriate accommodations
5. Implementation of accommodations and notification to professors by course start date, or once approved (if requested mid-term).
6. Continued communication between student, course instructors, DSS coordinator, and other staff to ensure student's accessibility and participation in each class.

## Guidelines for Documentation

It is the responsibility of the student to provide information that verifies that the student's condition meets the definition of a disability as defined by applicable laws, such as Section 504 of the Rehabilitation Act of 1973. Federal Law requires that requests for services for student with disabilities be considered on an individual, case-by-case basis.

***Sources of information used for determining a disability and/or accommodations may include a student's self-report, direct observation and interaction with the student, and documentation from qualified evaluators or professionals.***

### **Student Self-Report:**

***Students should complete the Accommodations Request Form*** This allows for students to describe their disability and accommodations they are hoping to receive. **Students may supplement with an additional narrative by providing a letter that further describes their disability and/or accommodations they are requesting.** Students may consider including information about their experiences related to their disability, barriers faced, and/or previous accommodations (effective or ineffective).

### **Documentation:**

Disability documentation on the student's **current level of functioning** should provide information on the **current** functional impact of the disability. Criteria for the source, scope and content of documentation differ by disability type. Documentation may include reports, assessments, and/or letters from qualified evaluators, professionals, or institutions.

Common sources of documentation are medical and mental health care providers, psychologists, diagnosticians, and information from a previous school (e.g., accommodation agreements and/or letters, 504, or IEP documents). *Please note that 504 and IEP plans, while helpful, are often insufficient documentation by themselves and do not transfer over to college accommodations.*

### **Documentation Elements:**

- 1. Typed on letterhead, dated, and signed by a qualified professional.**
- 2. Diagnostic Statement with clear diagnosis of disability or disabilities**
- 3. Lists all related diagnostic methodology used (diagnostic criteria and/or procedures). (Examples of testing for diagnosing learning disabilities include the Wechsler Adult Intelligence Scales (WAIS) and the Woodcock-Johnson III.)**
- 4. Functional limitations or symptoms.**
- 5. Severity and/or expected progression.**
- 6. Current medication(s) and any related side effects.**
- 7. Current and/or past accommodations.**
- 8. Any recommended accommodations.**

Documentation will be reviewed on an individual, case-by-case basis in the order that it was received. Please submit your information 3-4 weeks prior to the date that services are requested. If you have any questions about these documentation guidelines, please contact Disability Support Services at (402) 643-7187 or email [ada@cune.edu](mailto:ada@cune.edu)

The Accommodation Request form and all other information may be submitted in person or delivered via mail at the following address. You may also fax documentation to (402) 643-4218.

Disability Support Services  
Concordia University  
800 N. Columbia Ave.  
Seward, NE 68434  
ATTN: Bethany Landrey, Link 143

## Student Information

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

Phone # (Cell): \_\_\_\_\_ (Alternate) \_\_\_\_\_

Primary Email address:

\_\_\_\_\_

First enrollment or Anticipated Entrance Date:

\_\_\_\_\_

**Current Student:** \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior  
\_\_\_ Graduate Student

Major/Program of Study at Concordia University:

\_\_\_\_\_

Are you enrolled in an online program? \_\_\_ Yes \_\_\_ No \_\_\_ Hybrid

**Transfer student:** \_\_\_ Yes \_\_\_ No If yes, from where?

How were you referred to Disability Support Services?

## Academic History

High School(s) Attended:

Dates of Attendance:

College(s)/Universities Attended:

Dates of Attendance:

## Disability-Related Information

Please answer the following questions about your disability and how it may impact your ability to learn or participate at Concordia University.

Please identify and disclose your diagnosed disability. Check all that apply:

- Learning Disability (please specify) \_\_\_\_\_
- Attention Deficit/Hyperactivity Disorder
- Chronic Medical Condition (please specify) \_\_\_\_\_
- Autism Spectrum Disorder
- Physical/Mobility Impairment
- Neurological (please specify) \_\_\_\_\_
- Psychiatric/Psychological disability (please specify) \_\_\_\_\_
- Communication/Speech Impairment
- Visual Impairment or Blindness
- Deaf or Hearing Impairment
- Acquired or Traumatic Brain Injury
- Temporary Injury/Condition \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

When was this disability first identified or diagnosed?

What are the identifiers or characteristics of your disability?

**Please describe any ways in which your disabilities impact you in the following areas. If not relevant to your condition, respond with N/A.**

**Cognitive/Academic**

Including: reading, writing, math, spelling, listening, and note taking.

**Executive Functioning**

Including: organization, time management, memory, concentration, and managing distractions

**Speed of Processing**

**Emotional**

Including: managing stress, frustration tolerance, and social interaction

**Physical**

Including: walking, talking, hearing, seeing, sleeping, and writing speed

Please describe some strategies you use to help yourself with the challenges of your disability.

Are you taking any medications that might affect your attendance or performance at college?

How might these medications affect your physical, sensory, perceptual, behavioral or cognitive performance?

Do you require physical or housing accessibility assistance? If so, please describe.

Please list the accommodations you anticipate needing at Concordia University that are effective in reducing the impact of the disability:

What are your strengths?

Is there anything else you want us to know?

### **Confidentiality**

The information shared with Disability Support Services will be shared with others at the university strictly on a “need-to-know” basis and otherwise kept confidential unless disclosure is authorized by you or required by law.

### **Verification**

By signing this form, I hereby verify that the information I have provided is true and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information  
Concordia University Nebraska Disability Support Services**

I, \_\_\_\_\_, give permission to Disability Support Services staff to share pertinent information with my instructors, academic advisors, counselors or any other necessary personnel for the purpose of coordinating approved accommodation(s).

I understand that the information shared by Disability Support Services will be limited to details around academic needs and accommodation only, and that personal information (i.e. diagnosis, nature of academic issue, testing information, etc.) will not be discussed except in extreme circumstances or when this information is necessary in providing the accommodation(s).

I understand that this release is valid for the entire time I am a student at Concordia University Nebraska.

I have read and understand the information above. I also understand that I can revoke this release at any time.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_