Disability Accommodation Student Request Form

NAME: _______________________________ Class: ___________ Date: ___________

ID#: ___________________

Please Note: You may provide a typed copy of your answers to the following questions

1. a). Do you have a physical (medical, sensory, mobility) disability? ................................................................. □  □
   b). Do you have a learning disability? ................................................................................................................... □  □
   c). Do you have ADHD? .......................................................................................................................... □  □
   d). Do you have a neurological or psychiatric disability? .......................................................... □  □
   e). Are you receiving services from a state vocational rehabilitation agency? .................. □  □

   If you responded yes to letter E, please indicate the state in which you are receiving service.

   __________________________________________________________

DOCUMENTATION GUIDELINES: All students seeking accommodation for disabilities must provide appropriate documentation of the disability including: formal diagnosis (DSM if appropriate), testing results, and the rationale for the recommended accommodations. Please see our HANDBOOK for further information about documentation.

2. Please describe your disability.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

DIRECTIONS: If you are in need of ACADEMIC ACCOMMODATIONS, please complete section A. If you are in need of HOUSING ACCOMMODATIONS only, please skip section A and continue on to section B. Please complete the entire form if you require both academic and housing accommodations.

SECTION A: Academic/Classroom Accommodations

3. What were your most difficult courses in high school? Why?

   __________________________________________________________
4. Did you receive support services or accommodation in high school? □ □
   ........................................................................................................................................... Yes  No
   If yes, describe:
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5. What did you do in high school to make yourself successful?
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6. What classroom accommodations do you wish to request at Gettysburg College? Why?
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7. Please list any medications which might affect your learning.
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SECTION B: Housing Accommodations

8. As a result of your disability, what are your housing needs? Please describe below.
   Do you have documentation that the accommodations you seek are medically necessary?  Yes ☐ No ☐

9. If your housing accommodation is approved and you are assigned a space that requires roommates, how many roommates would you prefer to have and what are their names and ID numbers? (Please note: We will meet all approved accommodations and will attempt, based on availability, to house you with the people you list.)

Please select one of the options below and sign your name. If you have questions, please contact Dean GailAnn Rickert.

a). I DO WISH the Office of Academic Advising to share information about my disability and recommendations for accommodation with my faculty advisor and instructors. I understand that I have the primary responsibility to share this information and that the Academic Advising Office will supplement the information I have already provided to my advisor and instructors only when this is necessary or advisable.

________________________________________
Signature

b). At this time, I DO NOT WISH the Office of Academic Advising to share information about my disability and recommendations for accommodation with my faculty advisor and instructors. If I do not wish Academic Advising to share information, I can still receive an Individual Education Accommodation Plan which I may share with my faculty advisor and instructors but the Academic Advising Office will not be able to share additional information about my disability and recommended accommodation with anyone.

________________________________________
Signature

Please return this form to:
Gettysburg College
Office of Academic Advising
300 North Washington St
Campus Box 414
Gettysburg, PA 17325
717-337-6579/Fax 717-337-6245