

Request for Accommodation

STUDENT INFORMATION				
Name:	_Date:			
Email:	Home Phone:	Cell Phone:		
PLEASE ANSWER THE QUESTIONS	BELOW:			
Degree: Undergraduate Grad	uate	Expected Graduation Year:_		
Please describe (1) your disability a	nd (2) its anticipated impact o	n your academic and student life:		
Please describe previous accommod technology, time adjustments, trans		sidential, medical, therapeutic, facilities ad	ccess,	

CLINICAL DOCUMENTATION:				
CLINICAL DOCUMENTATION.				
Name of Clinician/Evaluator:	_Phone/Email:			
Address:				
Name of Clinician/Evaluator:	_Phone/Email:			
Address:				
ANTICIPATED NEEDS:				
Please check anticipated needs based on your documentation:				
Please note this list is not exhaustive.				
Access Technology				
Alternative format course materials (e-text, hard copy, etc.)				
Remote CART/ Sign Language Interpreter				
Housing Accommodations (for students with disabilities)				
☐ Time adjustments				
Other:				
Please send/submit form and your c	linical documentation to:			
Christine Gueva	ara			
Vice President for Student				
Engagement				
christine.guevara@	⁾ sjc.edu			
The information I have provided is accurate to the Christine Guevara, Vice President for Student Engagement to documentation	to consult, as needed, with clinicians to clarify			

Student Signature

Documentation Requirements

- Learning/Cognitive Disabilities, including Attention Deficit/Hyperactivity Disorder
 - The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
 - Diagnostic overview (including specific diagnosis using DSM-5); a description of the problem(s) reported by the student; relevant medical/psychological history; family history; and, as appropriate, a discussion of dual diagnosis. Academic and educational history must be included.
 - Testing that demonstrates the limitation of a major life activity as a result of the disability. Evidence of a substantial limitation to learning or other aspects of academic performance must be apparent. The domains to be assessed should include aptitude, academic achievement (reading, mathematics, and written and oral language) and information processing (short and long-term and sequential memory, auditory and visual processing, processing speed, and executive functioning). Test scores should be provided for all measures and appropriate for an adolescent or adult population. Testing must have occurred within the past three years.
 - Clinical Summary, containing the following components: an interpretation of the test findings that lead to the diagnosis; a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

• Chronic Health Conditions/Physical Disabilities

- The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
- Diagnostic overview, including date of first onset, specific interventions, medications, prognosis, and, as appropriate, a discussion of dual diagnosis. Please note that vague descriptions will not be sufficient to evaluate the need for accommodations.
- Testing that demonstrates the limitation of a major life activity as a result of the disability. Evidence of a substantial limitation to learning or other aspects of academic performance must be apparent. Testing should be recent, as appropriate. If the disability is long-standing in nature, the letter must include the history of the diagnosis, any evolution in presentation, and the frequency of the functional limitation.
- Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

Hearing Disability

- The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
- Diagnostic overview, including date of first onset, specific interventions, prognosis, and, as appropriate, a discussion of dual diagnosis.
- Documentation should include a signed and dated audiological evaluation report or audiogram (or both).

 Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

Vision Disability

- The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
- o Diagnostic overview, including date of first onset, specific interventions, prognosis, and, as appropriate, a discussion of dual diagnosis.
- Documentation should include the results of a recent eye examine that outlines the extent of the vision loss.
- Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

• Psychological/Psychiatric Disabilities

- The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
- Diagnostic overview (including specific diagnosis using DSM-5); a description of the presenting symptoms; history of symptom onset; prognosis; and, as appropriate, a discussion of dual diagnosis.
- Medication management plan that includes side effects or treatment details that could impact academic performance, as appropriate.
- Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

Regardless of diagnosis, the documentation must substantiate a limitation of a major life activity based on the identified disability(ies). Students are free to submit any additional information beyond what is specifically outlined above (Individualized Education Plans/504 Plan, letters documenting prior accommodations) but such information will not, in and of itself, meet the requirements for documentation.

For students seeking a meal plan accommodation:

St. John's College offers a robust menu of dining options. Typically, students with dietary restrictions can be accommodated by our food service provider. When students have dining related restrictions, the office of student engagement will facilitate a meeting with the student and the food service provider. Because dining restrictions can be accommodated by our provider in nearly all cases, meal plan accommodations, such as reductions and exemptions, are rarely necessary.

Any submitted materials will remain confidential and will be shared only to the extent required to determine appropriate accommodation or as required by law. Any other disclosures will require the written authorization of the student.