



Student, Please Complete

University of Mary is committed to providing reasonable accommodations for students with documented effects of the disabling condition through a professional evaluation. Unlike elementary, middle, and high schools, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 govern colleges and universities. Therefore, having an IEP, 504 plan or academic interventions while in high school can serve as documentation for accessibility services in college. We are committed to providing reasonable and appropriate classroom accommodations for students with disabilities. Accessibility services are designed to provide students with an equal opportunity to access college level curriculum; students are expected to perform at the college level. Instructors are not expected nor encouraged to make accommodations that fundamentally alter the essential program and/or course requirements.

Student Name _____ ID# _____ Date _____

Class Freshman Sophomore Junior Senior Grad Transfer Non-degree seeking

Cell Phone _____ U-Mary Email _____

Major(s) _____ Advisor(s) _____

Effects of the Disabling Condition and Accommodations

Please list any adverse effects that your disabling condition(s) impact(s) on your academic work (physical, learning, mental health, visual, etc.). It is necessary to supply supporting documentation for each disabling condition for which you will require accommodations.

Please describe how you are affected functionally by effects of the disabling condition noted above.

Please check the area(s) impacted by those disabilities:

- Reading Writing Speaking Attention Hyperactivity
- Anxiety Mathematics Language Study Auditory Processing Visual Processing
- Note-taking Other: _____

Have you received accommodations previously (high school or a previous college)? Yes No

If Yes, please describe _____

Based on your documented effects of the disabling condition and functional limitations, please describe the accommodation(s) you are requesting to receive. Accommodations may not be applied retroactively.

When are you seeking accommodations to be implemented? Fall Spring Summer Year _____
 I am not seeking accommodations currently.

Are you currently a client of Vocational Rehabilitation? Yes No No, I would like information.

Are you enrolled in Student Support Services/TRIO? Yes No No, I would like information.

Please provide any additional information that would be helpful for Student Accessibility Services staff to know about you.

Assistive Technology

Are you currently using assistive technology? Yes No

If Yes, check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Read & Write Gold | <input type="checkbox"/> Learning Ally |
| <input type="checkbox"/> Kurzweil | <input type="checkbox"/> GLEAN |
| <input type="checkbox"/> Dragon Naturally Speaking | <input type="checkbox"/> Listening device |
| <input type="checkbox"/> JAWS | Specify _____ |
| <input type="checkbox"/> Zoomtext | <input type="checkbox"/> Other |
| | Specify _____ |

I certify to the best of my knowledge that the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejections or dismissal. I understand that I will need to provide supporting documentation to support the need for my requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the provided information and an individualized, interactive intake meeting between the Coordinator of Student Accessibility Services and me.

Student Signature _____ Date _____