

**Disability Support Services**

Parmer Hall, room 010J
7900 West Division St. River Forest, Il 60305

Phone: (708) 488-5177
dss@dom.edu

**Request for Accommodations Confidential Data Forms**

Today’s date\_\_\_\_\_\_\_\_\_ Are you a current student? Yes / No Year Enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Initial) (Student ID#)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive accommodative services in high school? \_\_\_\_Yes \_\_\_\_No

Did you receive any of the following: (Check all that apply)

\_\_\_\_ Resource room assistance \_\_\_\_ Collaborative classroom

\_\_\_\_ Social work services \_\_\_\_ Self-contained classes

\_\_\_\_ ELL or ESL classes \_\_\_\_\_ Accessible building/programs/materials

\_\_\_\_ Allergy or Dietary accommodations \_\_\_\_\_ Use of Assistive Technology

Did you receive accommodative services at other colleges or universities? \_\_\_\_ Yes \_\_\_\_ No

College name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What accommodations did you receive at the last school you attended?

\_\_\_\_ Accommodative testing, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Note taker or copies of class notes

\_\_\_\_ Sign language interpreters

\_\_\_\_ Enlarged text materials/CCTV

\_\_\_\_ Alternate text materials, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Reader services, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_ Use of assistive technology, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_ Mobility-facility access\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_ Allergy or medical related accommodations, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Condition/Disability**

Have you been diagnosed with a medical condition or disability? \_\_\_\_ Yes \_\_\_\_ No

Diagnosed date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last psychological testing for a learning disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The medical condition(s) or disability you have been diagnosed with:

\_\_\_\_ Learning disability \_\_\_\_ Attention Deficit Disorder

\_\_\_\_ Post-Traumatic Stress Disorder \_\_\_\_ with hyperactivity

\_\_\_\_ Autism Spectrum \_\_\_\_ without hyperactivity

\_\_\_\_ Deaf/hard of hearing \_\_\_\_ Acquired brain injury

\_\_\_\_ Visually impaired \_\_\_\_ Asperger’s Syndrome

\_\_\_\_ Mobility impaired, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Mental health, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Physical disability, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Medical condition, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain how your medical condition/disability affects you in your daily life and academics. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently undergoing treatment or do you have other health-related concerns that may affect you while at school? \_\_\_\_ Yes \_\_\_\_ No

Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in sharing your medical information with the campus nurse? \_\_\_ Yes \_\_\_ No

**Request for Access and/or Academic Accommodations**

\_\_\_\_ Testing Accommodations

 \_\_\_\_ Extra time on exams

 \_\_\_\_ Test read aloud

 \_\_\_\_ Distraction- free room for testing

 \_\_\_\_ Enlarged print

 \_\_\_\_ Use of computer

 \_\_\_\_ Use of Calculator

\_\_\_\_ Facility/Program Access (including housing accommodations), describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Life threatening allergy/dietary accommodations, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Academic Accommodations, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Alternate text materials, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Note taker

\_\_\_\_ Ability to Tape Record Lectures

\_\_\_\_ Sign language interpreting services

\_\_\_\_ Use of assistive technology

 \_\_\_\_ Kurzweil Reading software \_\_\_\_ Draftbuilder

 \_\_\_\_ Dragon Naturally Speaking

 \_\_\_\_ Zoomtext \_\_\_\_ Single-handed keyboard

 \_\_\_\_ Inspiration Writing software

\_\_\_\_ Other, describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Act**

**Confidentiality**To the extent reasonably possible and as required by law, DSS protects information submitted by students. Information contained in documentation or discussed during appointments will be treated with as much confidentiality as reasonably possible. This information may be shared with other University employees (to the extent permitted by FERPA) by the Disability Support Services Coordinator (“Coordinator”) on a need-to-know basis so that employees can fulfill their professional responsibilities to provide approved academic adjustments, auxiliary aids, and other accommodations. Disability-related information will not be shared with persons outside the University without the student’s written permission unless the student becomes a danger to self or others, by court order, or as otherwise allowed or required by law. This request for information is necessary in order to properly conduct the program and account for the activities of DSS. Failure to supply all requested information may result in a delay of access and/or accommodative services. All records are confidential and retained in secured files.

**Disability Support Services**

DSS will provide the following services for students utilizing its services.

- An individual assessment of service needs.

- Training of adaptive hardware and software in the DSS labs as needed.

- Assistance with coordinating academic accommodations.

- Advocacy, support and tutoring

**Student Expectations**

- Complete all recommended assessments offered by the university and DSS.

- Submit all necessary documentation of a medical condition and/or disability to DSS.

- Comply with the University Student Code of Conduct.

- Regularly attend all classes and lab sessions.

- Regularly attend tutoring sessions and supplemental labs if/when advised to do so by a counselor, faculty or DSS staff.

I understand that it is my responsibility to initiate all accommodations according to established procedures and in a timely manner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature Date