



## *Academic Accommodations Request Form.*

Does your disability affect you in an academic setting? If so, please explain.

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List the accommodations you are requesting in an academic setting:

- Extra time for tests, up to \_\_\_\_\_%
- Private or small group room for taking tests
- Written test questions orally read to student
- Computer available to answer test questions
- Tutors
- Note takers
- Calculator
- Specific Classroom Seating
- Other (Specify Below)

## *Documentation*

Please submit documentation as outlined in greater detail in the *Student Disabilities Services Handbook*.

The documentation students submit for a disability should meet the following criteria:

- Clearly states the diagnosed disability or disabilities;
- Describes the functional limitations resulting from the disability or disabilities;
- Identifies the major life activities that are impacted by the disability or disabilities;
- Reflects the existing (current) status of the reported disability and the accommodations that are recommended as a consequence of the disability;
- Includes educational, developmental, and medical history relevant to the disability for which accommodations are being requested;
- Includes a list of test instruments used in the evaluation report and relevant subtest scores used to document the stated disability;
- Describes the specific accommodations requested;
- Adequately supports the need for each of the requested accommodation(s) and the anticipated duration of each requested accommodation;
- Formatted as a typed document on official letterhead and signed by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization)

## Academic Accommodations

In addition, please submit copies of IEP/504 plans and/or accommodation letters from national standardized exams or other colleges attended.

### Acknowledgement

\_\_\_\_\_ I am submitting my disability documentation at this time.

\_\_\_\_\_ I will email, mail, or hand deliver my disability documentation to Student Disability Services later.

\_\_\_\_\_ I am not requesting disability services or accommodations right now and understand that disability documentation is not required at this time.

I authorize SDS to discuss my documentation with the clinician who authored the documentation, if additional information or clarification is required.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

By submitting this form, I certify that the information provided on this form is accurate. I understand that to be eligible for access accommodations at KWU University I must (1) submit this completed form, (2) submit disability documentation that substantiates the requested accommodations, and (3) participate in an interactive process with Student Disability Services staff to assess my needs.

\_\_\_\_\_ I have requested academic access accommodations and understand that SDS will review my request and follow up with me.

\_\_\_\_\_ I have not requested academic access accommodations but understand that if they are needed in the future, I will contact SDS to discuss next steps.

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Student

Date

Please return this signed document  
to: Student Accessibility Services  
Student Success Center  
100 E. Claflin Ave, Salina, KS 67401  
joseph.koons@kwu.edu  
Phone: 785-833-4398