

Grand View University

QUALIFIED INDIVIDUAL DISCLOSURE OF DISABILITY and REQUEST FOR ACCOMMODATION

It is the responsibility of the qualified individual with disability voluntarily and confidentially to disclose information regarding the nature and extent of a disability to the Director of Academic Enrichment to assure consideration for reasonable accommodations..

The purpose of this form is to establish the qualified individual has, or has been considered to have, a disability and gather information about academic and support needs while a student at Grand View.

PERSONAL INFORMATION:

Name _____ Date _____

Address _____ Street Address _____ City _____ State _____ Zip _____

Telephone (____) _____ (____) _____ (____) _____ Campus Off-campus Work

Program of Study _____ Advisor _____

Planned Attendance: Full-time (12 or more semester hours) [] Part-time (less than 12 semester hours) [] Attendance beginning: Fall 20 _____ Spring 20 _____ Summer 20 _____

Current Classification: First-year (Less than 28 semester hours) [] Sophomore (28-59 semester hours) [] Junior (60-89 semester hours) [] Seniors (90 or more semester hours) []

STATED DISABILITY

State diagnosed disability: _____

Please provide any additional information regarding the characteristics of your disability: _____

Are you currently taking medication(s)? YES [] NO [] If yes, please specify the type of medication _____

Are you presently receiving any ongoing medical treatment? YES [] NO []

Please explain: _____

ACCOMMODATION REQUEST:

What accommodations have you used in the past? _____

Please state your request for general academic accommodation(s): _____

Please list any additional services other than academic accommodations you are interested in receiving: _____

Do you use adaptive equipment such as a telephone device for the deaf (TDD), voice synthesizer, communication board, etc.? YES [] NO [] If yes, please list: _____

Is this equipment currently available to you? YES [] NO []