Good Samaritan College of Nursing & Health Science

Accommodations Request Form

Part I: Request Form: To initiate a request for accommodations, this form must be completed by the student.

Name: _____Email Address: _____

Home Address:_____ Phone Number: _____

Student Status: [ ] New Student [ ] Incoming Transfer [ ] Current Student Year: [ ]

Accommodations and services are provided for qualified students with disabilities in the postsecondary setting under Section 504 of the Rehabilitation Act of 1973, the ADA (Americans with Disabilities Act of 1990) and the ADAAA (Americans with Disabilities Act Amendment Act of 2008)
The accommodation(s) requested should be supported by the documentation supplied by a licensed or properly credentialed professional. Please reference *Policy CON100 504 Accommodations Policy* document for more information.

1. I am requesting the following accommodations due to one or more disabilities:

Accommodation Requested	**Description**	**Requested for Term and Year (Ex. Fall 2023)**

2. How does your impairment affect you in the classroom?

3. How does your impairment affect you outside the classroom?

4. Have you ever received accommodations at another institution such as high school or college? _____Yes _____No

This document and the information contained herein is private and shall not be shared with any party except to the extent necessary to carry out appropriate and reasonable accommodations. By signing below, I authorize the College to discuss my request with appropriate personnel in order to evaluate and provide accommodations.

Student Signature: _____ Date: _____

Student Responsibilities Agreement: 504 Accommodations

I understand that in requesting 504 accommodations, I take on the following responsibilities:

- I must self-identify a disability that is covered by law and that qualifies for an accommodation.
- I must register with the College's 504 Coordinator and provide documentation that verifies my eligibility for accommodations. This documentation may include private medical information such as diagnostic test results.
- I must request accommodations as far in advance as possible and provide adequate notice to allow review of the request and for implementation of any accommodations.
- Understand that the college 504 Accommodations Policy states specific time frames for review and implementation of accommodations. I also understand that the College may present me with viable alternative, with rationale, to my preferred accommodation.
- I must consider the requirements of each of my classes and determine any accommodations that may be needed.
- I must be willing to seek out support services such as tutoring, stress management support, etc.
- I must meet the stated academic and conduct standards of the college and program.
- I must complete the appropriate forms and notifications in the event the student decides to waive the approved accommodations in whole or in part.

By signing below, I indicated that I have read and understood my responsibilities for requesting academic accommodations.

Please return this form to the 504 Coordinator along with the **Accommodations Request Form: Parts 1 & 2**. This document will be kept in your file along with your documentation.

Student Name: _____

Student Signature:_____

Date:_____

Part II: Provider Verification Form: To Be Completed by Licensed or Properly Credentialed Professional

Student Name: _____Date of Birth: _____/_____/_____

Student's relevant medical diagnosis:_____ _____

_____

Date of Diagnosis: _____This condition is: □ Temporary □ Permanent

Describe symptoms the student current experiences:_____

_____

_____

How is the requested accommodation related to and supported by the current diagnosis? _____

_____

_____

Please provide any additional information you believe to be helpful when evaluating this request:

_____

_____

_____

_____

_____

In addition to completing this form, documentation is required. Please submit relevant supporting documentation.

Please place Health Care Professional's contact information below:

Professional's Name: _____

Professional's Phone: _____

Professional's Signature:_____

Good Samaritan College is committed to providing equal opportunities for our students. The 504 Coordinator uses the Association of Higher Education and Disability (AHEAD) guidelines for documentation when evaluating the request. The 504 Coordinator may also consult confidentially with appropriate faculty and staff in determining reasonable accommodations.

- Does the information submitted clearly demonstrate the student is eligible for an accommodation due to a disability, as defined under applicable law?
- What is the relationship between the disability and the accommodation requested?
- Are the accommodations requested necessary in order for the student to have equal access to the College's programs and activities?
- Can the College accommodate the student's needs in way that would not fundamentally alter academic requirements that are essential to the instruction being pursued by a student or are directly related to any licensing requirements, cause undue hardship on the College, or jeopardize the health or safety of others?

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GUIDELINES FOR EVALUATING 504 ACCOMMODATIONS REQUESTS AND PROVIDER DOCUMENTATION

The GSC 504 Coordinator uses the Association on Higher Education and Disability (AHEAD) guidelines for documentation. Please consider these guidelines when submitting your provider documentation.

- For permanent disabilities, documentation should be relevant but does not necessarily have to be "recent." Historic information, supplemented by your meeting with Disability Services staff is often sufficient to describe how the condition impacts you currently.
- For new or temporary injuries and illnesses, documentation should be current.

Documentation from External Sources

Documentation should support your accommodation(s) request and in general, should follow the guidelines outlined here.

NOTE: *Please note that any costs associated with obtaining supporting documentation from outside sources are your responsibility.* This includes any costs associated with diagnosing, evaluating, testing, printing, mailing, etc.

Types of Records

- Educational records such as IEP or 504 plans, Summary of Performance (SOP), teacher observations, and other reports of past accommodations.
- Medical records, reports and assessments created by health care providers, school psychologists, teachers, or the educational system such as multifactorial, psycho-educational or other evaluations.

Providers

- Documentation should be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated.
- Formal reports should be submitted in English, on signed and dated letterhead from the provider.

Content

- A clear diagnostic statement that describes how the condition was diagnosed, provide information on the functional impact, and details the typical progression or prognosis of the condition. This should include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.
- Information on how the disabling condition(s) currently impacts the individual, taking into account the individual's self-report, the results of formal evaluation procedures, and clinical narrative to provide necessary information for identifying possible accommodations.
- A description of current and past accommodations, services, medications (and side-effects), auxiliary aids, assistive devices, and support services, including their effectiveness. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.
- Recommendations for accommodations, services, auxiliary aids, assistive devices, compensatory strategies and support services and a logical relationship to their functional limitations.