La Sierra University | Office of Accessibility Services

Application for Services

> **IMPORTANT**: By filling out this form does not guarantee eligibility for services. Students are responsible for providing The Office of Accessibility Services (OAS) with documentation verifying their disability. OAS staff will review documentation to determine eligibility for accommodations.

I. STUDENT CONTACT INFORMATION

Last Name:_____ First Name:_____ MI:_____

Student ID#:_____ Date of Birth _____

Street Address:_____

City:_____ State:_____ Zip:_____

Phone: ( ) _____ E-mail:_____@lasierra.edu

II. CATEGORY OF DISABILITY

_____ Visually Impaired

_____ Deaf/Hard of Hearing

_____ Learning Disability

_____ Psychological Disability

_____ Mobility Impaired

_____ Other Functional Limitation

Disability Status: ☐ Temporary ☐ Permanent

III. Getting To Know You:

Major: _____

Expected Graduation Date: _____ Degree: _____

Career Goal: _____

Are you currently on academic probation/academically disqualified? ☐ Yes   ☐ No

What environments create barriers/challenges for you?

[ ]

What specific barriers or challenges do you find in the classroom? Studying? Testing?

[ ]

What kind of exams or assessments/assignments work well for you?

[ ]

Have you had any accommodations in the past? If so, what accommodations did you have and how did they help you?

[ ]

What accommodations are you requesting for La Sierra University?

[ ]

<u>**Confidentiality Statement**</u>

Please read, sign and date the following confidentiality and disclosure statement:

I understand that disability related information I provide to Accessibility Services at La Sierra is confidential and can only be disclosed at my request except when:

1. The Accessibility Services staff consults with the author of my disability documentation in determining my eligibility for reasonable accommodations at La Sierra University.
2. The Accessibility Services staff communicates with university faculty and staff on how to implement a reasonable accommodation I have requested and that I am eligible to use.
3. The Accessibility Services staff communicates with University faculty and staff, on a need to know basis, in the event a health and/or safety issue occurs.

Student Signature: _____ **Date:** _____