



REQUEST FORM FOR ACCOMMODATIONS

Any student wishing to voluntarily self-disclose as having a disability and request accommodations should complete the form below. All information provided, including documentation submitted to substantiate your disability, will be kept confidential. Please note that reasonable accommodations may not be implemented retroactively, so being timely in requesting accommodations is very important.

PERSONAL INFORMATION

Date: _____ Student #: _____

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Ethnicity/Primary Language: _____

Baptist Email Address: _____

Phone: _____ Can a message be left at this number? ☐ Yes ☐ No

Student Status: ☐ Current BHSU Student ☐ Transfer/Incoming Student

Program of Study/Major: _____

Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate (DNP)

☐ OMS1 ☐ OMS2 ☐ OMS3 ☐ OMS4

Term requested accommodation to begin: ☐ Fall ☐ Spring ☐ Summer

Emergency Contact: _____

Name

Relationship

Emergency Contact Phone: _____

I give Access Services permission to contact my emergency contact should they determine that an emergency situation exists.

Signature

Date



DISABILITY INFORMATION

Nature of Impairment: (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Medical/Physical Impairment |
| <input type="checkbox"/> Head Injury/TBI | <input type="checkbox"/> Psychological Impairment |
| <input type="checkbox"/> Deaf/Hard-of-Hearing | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other (Please Specify) _____ | |

What is the name of your specific disability as diagnosed by your health care provider?

When was your condition first diagnosed?

What accommodations are being requested for the classroom setting? (Please be specific)

What accommodations are being requested for tests and/or quizzes? (Please be specific)

What accommodations are being requested for labs or clinics? (Please be specific)



EDUCATIONAL INFORMATION

Did you receive accommodations at a previous school(s) for this disability? ☐ Yes ☐ No

Which school and what accommodations were provided?

Did you receive accommodations on any standardized test (ACT, SAT, etc.)? ☐ Yes ☐ No

Which test and what accommodations were provided?

QUESTIONS ABOUT DISABILITY/ACCOMMODATIONS

Please answer the following questions as thoroughly and honestly as possible in order to assist us in determining what the most appropriate accommodations are for you.

1. How does your condition directly impact or interfere with you in daily living activities as well as academically in class, lab/clinic, etc.?
2. What barriers does your condition present for you that you believe will be removed by the implementation of your requested accommodation(s)?
3. How do the requested accommodations help you to compensate for your disability?



4. If accommodations have not been used in the past, please address why accommodations are being requested at this time.

I understand that the information provided on this form will be used by Access Services to assist in determining what, if any, reasonable accommodations are necessary to ensure equal access.

Signature

Date