Process Overview

The Academic Accommodation Request Form is intended for students who are requesting reasonable accommodation due to disability or diagnosed medical/psychological condition. Information provided on this form is protected by FERPA and therefore is shared on a need-to-know basis only.

Submitted forms are reviewed by the Office of Accessibility Services, which may seek input from the Dean of Students, Facilities & Services, your academic department, or other departments to identify ways in which the University can reasonably accommodate a student. Requests are reviewed based on a number of factors, including but not limited to, the severity of the student's disabling condition, the severity of impacted major life functions, medical necessity of an accommodation, and the University's ability to provide a reasonable accommodation.

Requests for follow-up information and decisions will be sent to the student's Clarkson email. The University will communicate directly with the student requesting the accommodation and, as needed, the provider. The office does not communicate with other students, family, or friends of the student requesting the accommodation. If a student needs assistance understanding the reasonable accommodation process, they may request an individual to be present during any meetings or phone calls, but all communication is directly between the Office of Accessibility Services and the student making the request.

If a student is approved for at least one academic accommodation, they must follow the instructions provided by the Office of Accessibility Services to utilize their accommodation. These instructions must be followed for each course each semester. Approved accommodations will not automatically be provided.

Completing the Academic Accommodation Request Form

Section 1: Completed by the student requesting medical accommodation. The student shows this completed portion to their provider when requesting they complete Section 2.

Section 2: Completed by a licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician's assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship with the student, have provided treatment for the condition, and be an impartial individual who is not a family member of the student.

Submitting completed forms: The student shall submit both Section 1 and Section 2 through the OAS Intake Form on myCU. Questions about how to access the intake form should be addressed to oas@clarkson.edu or 315-268-7643.

Deadlines

Request forms will be reviewed as they are submitted. Students are able to utilize their accommodations once they are approved by the Office of Accessibility Services and requested for courses by the student.

For accommodations related to regular exams during the semester, the student must have an approved exam accommodation, request that accommodation for the course, and request a proctored exam no later than 7 days prior to the exam date.

For accommodations related to final exams, the student must have an approved exam accommodation and request the accommodation for the course, no later than April 15 (spring semester) and November 15 (fall semester).

If a student submits and is approved for academic accommodations after these deadlines, the accommodation will be provided at the start of the following term.

Section 1: Completed by Student

First and Last Name: _____ Student ID: _____

Email: _____@clarkson.edu Graduation Year: 20_____

Semester to begin reasonable accommodation, if approved: ☐ Fall 20_____ ☐ Spring 20_____

Type of request: ☐ Temporary condition ☐ Ongoing or permanent condition

Briefly describe the disabling condition/diagnosis for which you are requesting reasonable accommodation.

_____

What major life functions are substantially limited by the related condition in your daily life?

_____

_____

How are these major life functions affecting you in an academic setting (e.g. classroom, exam, studying, etc.)?

_____

_____

_____

Please select the requested reasonable accommodation(s). *Note: This does not indicate approval or availability.*

☐ Alternate format textbook
☐ Assistive technology (specify below)
☐ Attendance/deadline flexibility
☐ Calculator (4-function)
☐ Captions or ASL interpreter
☐ Computer for testing
☐ Distraction reduced location for exams
☐ Enlarged print
☐ Extended time for exams
☐ Individual exam questions read
☐ Individual room for exams
☐ No evening exams
☐ No handwriting penalty
☐ No spelling penalty
☐ Notes assistance
☐ Physical accommodation (specify below)
☐ Preferential seating (specify below)
☐ Record lectures
☐ Reduced course load
☐ Scribe for exams

☐ Additional information: _____

I understand that once this form is submitted, the form and relevant medical documentation included in my request will be reviewed by the Office of Accessibility Services. I understand that this information will be used in evaluating my request and if applicable, planning for my accommodation. The statements and documentation in my application are accurate as I know them. I understand that intentionally providing false information would constitute a violation of the Code of Student Conduct and will result in disciplinary action.

_____ _____

Student Signature Date

Section 2: Completed by Licensed Diagnostician or Clinician

The student is applying for a reasonable accommodation at Clarkson University due to a disability and/or diagnosed medical/psychological condition. In order for the University to establish whether this student qualifies for such accommodation, we need your assessment and diagnosis of the student in addition to their completion of Section 1.

This form must be completed by an appropriate licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician's assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship, have provided treatment for the condition, and be an impartial individual who is not a family member. This completed form can be returned via email at oas@clarkson.edu or fax ATTN: OAS at (315)268-6643.

Patient/Student Name: _____ Date: _____

Current diagnosis and date of original diagnosis: _____

_____

_____

_____

Anticipated duration of the condition:

☐ Temporary (e.g. broken bone); approximate duration: _____

☐ Ongoing: No clear recovery date, but condition may improve throughout college

☐ Permanent: Little, to no, possibility of recovery

Describe (or attach) a detailed treatment management plan, including a list of daily medications. _____

_____

_____

_____

_____

_____

_____

Complete the chart on the following page. Major life functions may include but are not limited to breathing, caring for self, communicating with others, eating, hearing, learning, lifting, reaching, reading, seeing, sitting, sleeping, talking, thinking, walking, and writing. Include an attachment if necessary.

Indicate each major life function that is substantially limited.	How does the condition substantially limit the major life function in an academic setting?	Is functional limitation life threatening?

Provide your professional opinion on the medical necessity of the following accommodations based on the student's condition in order for the student to have equal access to their education. If identified as medically necessary, provide supporting information for the University's consideration. Note this does not guarantee approval or availability. Include an attachment if necessary.

Requested Academic Accommodation	Describe the Symptom(s) Associated with the Student's Condition which Necessitate this Accommodation
☐ Alternate Format Textbook	
☐ Assistive Technology (please specify):	
☐ Attendance/Deadline Flexibility	
☐ Calculator (4-function)	
☐ Captions or ASL Interpreter	
☐ Computer for Testing	
☐ Distraction Reduced Location (Exams)	

Requested Academic Accommodation	Describe the Symptom(s) Associated with the Student's Condition which Necessitate this Accommodation
☐ Enlarged Print	
☐ Extended Time (Exams)	
☐ Individual Questions Read (Exams)	
☐ Individual Testing Room (Exams)	
☐ No Evening Exams	
☐ No Handwriting Penalty	
☐ No Spelling Penalty	
☐ Notes Assistance	
☐ Physical Accommodations (please specify):	
☐ Preferential Seating (please specify):	
☐ Record Lectures	
☐ Reduced Course Load	
☐ Scribe (Exams)	

If applicable, describe any alternative accommodations that would address the patient/student's related condition other than the academic accommodations you requested above.

_____

_____

_____

By completing this form, I attest that the patient/student's aforementioned one or more conditions rise to the level of a disability under ADA/504 and require reasonable accommodation. I also attest that I have reviewed Section 1 (completed by the patient/student) and completed Section 2 accurately and to the best of my ability.

Printed Name and Title	Signature	Date
Certification or License #	Phone #	Fax #
Clinic Name	Street Address	City, State, ZIP Code