

Office of Disability Services
Dent Hall 106A
504.816.4370
DisabilityServices@dillard.edu

Office of Disability Services Accommodation Request Intake Form

PERSONAL INFORMATION Check all that apply Type of Accommodation Request: □Academic	-		-	
Name:				
Address				
City			Zip	
Contact #				
Emergency Contact	Relation	ıshıp	Contact #	
ACADEMIC INFORMATION □Freshman □Sophomore □Ji Major: □		Minor:	□Other	
Current Semester/Academic Year: Fall	Spring	Summer	_ Academic year	: 2020
Is Condition: □ Permanent □ Temporary □ ADD/ADHD □ Learning Disability □ Vi □ Speech Impairment □ Physical Impairment □ Chronic/Acute Illness □ Other	t □Ast □ Psycho	thma □ Mobi ological/Psychiatr	lity Impairment ic Condition	
Date of most recent diagnosis/documentation				
In the space below and/or on an attached sheet list	_		-	
Please be as specific as possible with your request	` /			
Describe how your disability affects you				
-				



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Disability Documentation Guidelines

Formal documentation is required for consideration of accommodations at Dillard University. However, Dillard's Office of Disability Services (ODS) recognizes that each individual may experience barriers to access differently. We encourage students requesting accommodations to share their unique situation. Dillard ODS will use that information, along with all documents submitted, to make the following determinations regarding each request for accommodation:

- 1) Is there a diagnosed condition that qualifies or rises to the level of a disability?
- 2) Is there an impact to one or more major life functions?
- 3) If so, is the requested accommodation necessary for the student to access to the academic environment?

In addition to the student sharing their unique situation, ODS requests students provide documentation that meets the following criteria:

Documentation must be from a Qualified Evaluator.

Professionals conducting assessments and making recommendations for appropriate accommodations must be qualified to do so (e.g., physician, psychiatrist, licensed psychologist, or neuropsychologist). The name, title, and professional credentials of the evaluator, including license or certification number, should be clearly stated on the documentation. All documentation must be presented on the evaluator's letterhead, typed, dated, and signed. The evaluator may not be a member of the student's family.

Documentation must be Current.

Documentation should be current and related to the individual's disability. While there should be current documentation, outdated documentation may provide additional information and may be considered.

- a. Physical/Medical disabilities within the past 12 months.
- b. Psychiatric disabilities within the past 12 months.
- c. Learning Disabilities within the past 3-4 years.
- d. ADHD within the past 3-4 years.

Documentation must be Comprehensive.

Documentation should be thorough and give a full picture of the individual, not simply a diagnosis. Things to include are:

- a. A diagnostic interview including historical information that details the evolution of the disorder/disability, all relevant psychosocial, medical, and medication history, academic history, history of accommodation, and evidence of current impairment.
- b. Diagnostic instruments appropriate to the diagnosis are recommended. For learning disabilities and ADHD, these could include measures of aptitude, achievement, memory, processing speed, continuous performance, and attention or tracking tests.
 - c. A clear diagnosis must be rendered. Diagnostic codes from the DSM 5 or the ICD-10 should be utilized.
- d. Describe current treatments, therapeutic techniques, assistive devices, medications (including dosage and side effects), etc.
 - e. Explain the current functional limitations because of the diagnosis and the barrier that creates.
- f. The evaluator should make specific recommendations for accommodations that relate directly to the barrier the student faces that denies access to their education.

	Provide	Additional	Supporting	Documentation
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Student's Signature

Other documents which contribute to consideration are high school plans or such as a 504 or IEP,
accommodation record for standardized tests (SAT or ACT) any older documentation, psycho-educational
evaluations, older reports that describe a diagnosis and accommodations, and teacher, tutor or employer reports.

Date



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Release of Information Consent Form

I,		erstand that by signing this form, I authorize t	the
	DDS) to disclose pertinent medical, p dividual to University Officials, Dea	osychological, and educational information ans, and Medical Personnel.	
documentation and information information may include test da	for students with disabilities at Dill ata; psychological, psycho-education I history; case notes; and other disab	g and maintaining the disability-related ard University. The documentation and nal, and/or neuropsychological evaluations; bility-related information necessary to documentation.	ent
schedule an appointment with O Forms, and other documentation Disability-related documentation accommodation and service-de- release to share disability-related release disability-related information to harm himself or herself or ot	DDS. Students may request and recent from ODS. ODS will retain a copy on is treated confidentially and will relivery process with the following execution as required and/or permitted by	t who wishes to review his or her file must ive copies of case notes, Course Accommodary of all information within a student's file. not be released to anyone not involved in the ceptions: (a) the student gives ODS a signed office (s) named on the release; (b) ODS will be the law and/or a court; (c) the student threat hild or incapacitated adult; (d) the student files university official or employee(s).	l atens
accommodations, he or she und basis to university professors, in accommodations. If a student fi ODS will release disability-rela ADA/504 Coordinator, the Offi university professors, instructor	nstructors, faculty and staff to help e les a disability-related appeal, grieve ted information to appropriate unive ice of Academic Affairs, and/or approximates, faculty and staff need to know on we process at Dillard University; and	student with a disability requests d information may be provided on a need-to-k ensure that the student receives appropriate ance or lawsuit, the student understands that ersity offices (i.e., the General Counsel, the ropriate university committees). Otherwise, aly (1) that the student has been through the (2) what accommodations have been approve	
I have read this agreement and contained herein.	fully understand. I do freely, volunt	tarily, and without coercion agree to the terms	S
Student's Signature		Date	
Printed Name	Phone number	 DU ID #	