Office of Disability Services
Accommodation Request Intake Form

PERSONAL INFORMATION
Check all that apply
Type of Accommodation Request: □ Academic □ Housing □ Dining □ Request Date ______/____/____
Name: ________________________________ DUID # _____________ DOB ______/____/____
Address ________________________________________________________________________________
City __________________ State ___________ Zip __________________
Contact # ___________ DU email __________________________
Emergency Contact __________________ Relationship ___________ Contact # ________________

ACADEMIC INFORMATION
□ Freshman □ Sophomore □ Junior □ Senior □ Other _____________________
Major: _______________ Minor: _______________
Current Semester/Academic Year: Fall _____ Spring _____ Summer _____ Academic year: 20___-20___

DISABILITY INFORMATION
Check all that apply:
Is Condition: □ Permanent □ Temporary
□ ADD/ADHD □ Learning Disability □ Visual Impairment □ Hearing Impairment □ Allergies
□ Speech Impairment □ Physical Impairment □ Asthma □ Mobility Impairment
□ Chronic/Acute Illness _______________ □ Psychological/Psychiatric Condition _______________
□ Other __________________________________________________________________________
Date of most recent diagnosis/documentation ________________________________

In the space below and/or on an attached sheet list and explain each of the accommodations you are requesting. Please be as specific as possible with your request(s).
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe how your disability affects you.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2601 Gentilly Blvd New Orleans, LA  70122     Phone: 504-816-4370     Fax: 504-816-4956
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.
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.

__________________________________________  ______________________________
Student’s Signature                      Date
Release of Information Consent Form

I, __________________________________________, hereby understand that by signing this form, I authorize the Office of Disability Services (ODS) to disclose pertinent medical, psychological, and educational information concerning the above-named individual to University Officials, Deans, and Medical Personnel.

The Office of Disability Services (ODS) is responsible for receiving and maintaining the disability-related documentation and information for students with disabilities at Dillard University. The documentation and information may include test data; psychological, psycho-educational, and/or neuropsychological evaluations; grades; transcripts; biographical history; case notes; and other disability-related information necessary to document and provide accommodations to students with disabilities.

Students with disabilities have a right to review their file. A student who wishes to review his or her file must schedule an appointment with ODS. Students may request and receive copies of case notes, Course Accommodation Forms, and other documentation from ODS. ODS will retain a copy of all information within a student’s file. Disability-related documentation is treated confidentially and will not be released to anyone not involved in the accommodation and service-delivery process with the following exceptions: (a) the student gives ODS a signed release to share disability-related information with the person(s) or office(s) named on the release; (b) ODS will release disability-related information as required and/or permitted by the law and/or a court; (c) the student threatens to harm himself or herself or others, or is suspected of abuse of a child or incapacitated adult; (d) the student files a disability-related complaint, appeal, grievance, or lawsuit against a university official or employee(s).

Only ODS staff has direct access to student disability files. When a student with a disability requests accommodations, he or she understands that some disability-related information may be provided on a need-to-know basis to university professors, instructors, faculty and staff to help ensure that the student receives appropriate accommodations. If a student files a disability-related appeal, grievance or lawsuit, the student understands that ODS will release disability-related information to appropriate university offices (i.e., the General Counsel, the ADA/504 Coordinator, the Office of Academic Affairs, and/or appropriate university committees). Otherwise, university professors, instructors, faculty and staff need to know only (1) that the student has been through the disability documentation review process at Dillard University; and (2) what accommodations have been approved to meet the student’s disability-related needs.

I have read this agreement and fully understand. I do freely, voluntarily, and without coercion agree to the terms contained herein.

___________________________________________________          ____________________________________
Student’s Signature          Date

________________________________  ____________________________   _____________________
Printed Name          Phone number     DU ID #