

USAO ACADEMIC ACCOMMODATION REQUEST FORM

Office for Accessible Education (OAE)

Email: accessibilityservices@usao.edu, **Phone:** 405-574-1326, **Fax:** 405-574-1220

To register with the Office for Accessible Education (OAE), please **complete the request form** and attach **any relevant documentation** that supports your need for academic accommodation. Guidelines on documentation are listed later in this form. Once **all required materials** have been submitted to the OAE, you will be contacted to schedule an **intake interview**.

This interview is a **required part** of the interactive process mandated by the **Americans with Disabilities Act (ADA)** and **Section 504 of the Rehabilitation Act**. It provides an opportunity to discuss your experiences and collaborate with the Accessibility Specialist to identify reasonable accommodation. Accurate and detailed information about your disability, access needs, and any current or prior support is essential. **All documentation and discussions are kept confidential.**

For more information, please refer to USAO's **Academic and Housing Accommodation Policies and Procedures** on the university website.

Student Information: (please complete the fields below)

Name: _____ Date: ____/____/____

USAO Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Student ID: _____

Major(s): _____ Advisor(s): _____

Agencies Providing Services: (Complete fields below and add pages as needed)

- Dept. of Rehabilitation Services

State: _____ County: _____

Counselor: _____ Phone: _____

Additional Information: _____

- Veteran's Administration

State: _____ County: _____

Counselor: _____ Phone: _____

Additional Information: _____

- Other Agency: _____

State: _____ County: _____

Counselor: _____ Phone: _____

Additional Information: _____

- Other Agency: _____

State: _____ County: _____

Counselor: _____ Phone: _____

Additional Information: _____

Disability Information: (Place an (X) next to all that apply)

Autoimmune Diseases/Disorders:

- ☐ Celiac Disease
- ☐ Lupus
- ☐ Rheumatoid Arthritis
- ☐ Other: _____

Chronic Pain Conditions:

- ☐ Chronic Fatigue Syndrome (CFS)
- ☐ Fibromyalgia
- ☐ Osteoarthritis
- ☐ Other: _____

Mental Health Disorders:

- ☐ Anxiety Disorder(s) (GAD, SAD, Panic Disorder, etc.)
- ☐ Bipolar Disorder
- ☐ Depressive Disorder(s) (MDD, PDD, PMDD, etc.)
- ☐ Eating Disorder(s) (AN, BN, BED, ARFID, etc.)
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Personality Disorder (please specify): _____
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Schizophrenia Spectrum and/or Other Psychotic Disorder(s) (please specify): _____
- ☐ Other: _____

Neurodevelopmental Disorders:

- ☐ ADHD/ADD
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Cerebral Palsy (*also neurological*)
- ☐ Intellectual Disability
- ☐ Specific Learning Disorder
- ☐ Tic Disorder
- ☐ Tourette Syndrome (*also neurological*)
- ☐ Other: _____

Neurological Disorders:

- ☐ Chronic Neurological Pain
- ☐ Epileptic Seizures
- ☐ Multiple Sclerosis (MS)
- ☐ Neurocognitive Disorder (please specify): _____
- ☐ Neuromuscular Disorder (please specify): _____
- ☐ Other: _____

Sensory Impairments:

- ☐ Sensory Processing Disorder (SPD)
- ☐ Low Vision/Blindness
- ☐ Low Hearing/Deafness
- ☐ Other: _____

Other Categories:

- ☐ Non-Epileptic Seizures (NES)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Disability Details: (Complete the fields below and add or remove pages as necessary)

- Diagnosis or Impairment: _____
 - a. Date of Onset/Diagnosis: _____
 - b. Medications (*optional, if relevant to accommodations*): _____
 - c. Disability Documentation Provided? **Yes** **No**
 - d. Expected Duration: **Temporary** **Permanent** **Stable** **Progressive**
 - e. Requested Accommodation(s): _____

- Diagnosis or Impairment: _____
 - a. Date of Onset/Diagnosis: _____
 - b. Medications (*optional, if relevant to accommodations*): _____
 - c. Disability Documentation Provided? **Yes** **No**
 - d. Expected Duration: **Temporary** **Permanent** **Stable** **Progressive**
 - e. Requested Accommodation(s): _____

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 - a. Date of Onset/Diagnosis: _____
 - b. Medications (*optional, if relevant to accommodations*): _____
 - c. Disability Documentation Provided? **Yes** **No**
 - d. Expected Duration: **Temporary** **Permanent** **Stable** **Progressive**
 - e. Requested Accommodation(s): _____

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 - a. Date of Onset/Diagnosis: _____
 - b. Medications (*optional, if relevant to accommodations*): _____
 - c. Disability Documentation Provided? **Yes** **No**
 - d. Expected Duration: **Temporary** **Permanent** **Stable** **Progressive**
 - e. Requested Accommodation(s): _____

- Diagnosis or Impairment: _____
 - a. Date of Onset/Diagnosis: _____
 - b. Medications (*optional, if relevant to accommodations*): _____
 - c. Disability Documentation Provided? **Yes** **No**
 - d. Expected Duration: **Temporary** **Permanent** **Stable** **Progressive**
 - e. Requested Accommodation(s): _____

- Diagnosis or Impairment: _____
 - a. Date of Onset/Diagnosis: _____
 - b. Medications (*optional, if relevant to accommodations*): _____
 - c. Disability Documentation Provided? **Yes** **No**
 - d. Expected Duration: **Temporary** **Permanent** **Stable** **Progressive**
 - e. Requested Accommodation(s): _____

Supporting Documentation Requirements and Guidelines

To determine eligibility for reasonable accommodations, submitted documentation must meet the requirements outlined in USAO's *Academic and Housing Accommodation Policies and Procedures*, available on the university website. All disability-related documentation is kept confidential and will only be shared on a need-to-know basis, in compliance with applicable federal and state laws.

- **Functional Impact:** Documentation must include a detailed explanation of how the condition substantially limits one or more major life activities, particularly with the specific barriers encountered in academic settings.
- **Connection Between Disability and Requested Accommodation:** Documentation should clearly describe the link between the diagnosed impairment and the specific accommodations being requested.
- **Diagnostic Details:** Documentation must include a clear diagnosis, the assessment tools used to establish that diagnosis, and the corresponding results. It must also provide a comprehensive description of the impairment's nature, severity, and expected duration.
- **Provider Qualifications:** Documentation must be submitted on official letterhead and provided by a qualified diagnostician or a properly licensed healthcare or mental health professional.
- **Recency of Documentation:** Documentation older than three years may still be accepted, but the Office for Accessible Education (OAE) must evaluate its relevance based on the nature of the disability.
- **Provider Recommendations:** While not mandatory, it is preferable for documentation to include suggestions from the diagnostician for reasonable adjustments and auxiliary aids.

Student Signature: I have read and understand the information above regarding the university's expectation for supporting documentation in compliance with federal and state laws.

Signature: _____ Date: ____/____/____

Academic Accommodation Request Details

The information below should directly correlate with anything listed under the *Disability Details* section of this document. If the space below is insufficient, please attach additional pages as necessary.

1. **Coping and Adaptation:** Describe how the disability disclosed in this document impacts your ability to manage daily activities in educational settings. Please include any modifications, equipment, methods, or services you use or have used to adapt.

2. **Connection to Disability Barrier:** If not readily apparent, please explain the link between your disability and the specific accommodation(s) you are requesting.

3. **Impact and Mitigation:** Describe how the requested academic accommodation(s) will assist in mitigating the impact of your disability in daily life. This can include past experiences with accommodation and/or drawbacks to living without accommodation.

Student Understanding and Confidentiality Agreement

By checking the boxes below, I confirm that I have read and understand the following:

- ☐ Submitting an Academic Accommodation Request Form initiates the application process but **does not guarantee that accommodations will be approved.**
- ☐ Submitting incomplete or insufficient documentation may **delay the review process** and could affect my eligibility for accommodations.
- ☐ Misrepresenting my disability status or need for accommodations **may result in disciplinary action** under USAO's student conduct policies.
- ☐ I am responsible for **confirming the intake interview** after submitting this form and supporting documentation to the Office for Accessible Education (OAE).
- ☐ If I fail to complete the intake interview, my request **may not be fully processed.**
- ☐ USAO reserves the right to **request updated documentation** if my disability-related needs change or if my previous documentation is no longer current.
- ☐ If my request for academic accommodations is denied, I have the right to appeal through the **Student Grievance Procedure**, available on the university website and in USAO's *Academic and Housing Accommodation Policies and Procedures*.
- ☐ If approved, I understand that I am responsible for:
 - **Delivering my academic accommodation letter** to all relevant instructors in a timely manner to ensure accommodations can be implemented.
 - **Communicating with my instructors** as needed to support the successful implementation of my accommodations.
 - **Using my accommodations at my discretion**, as approved accommodations are voluntary and cannot be required by faculty, staff, or the university.
 - **Requesting my accommodation letter each semester**, as accommodations are not automatically renewed.

Student Signature: I certify that the information provided in this request form is accurate and complete to the best of my knowledge and that I have read and understand the expectations and policies described above.

Signature: _____ Date: ____/____/____