



Accommodations Request Intake Form  
(Please read and complete carefully!)

Thank you for contacting Student Success Disability Services (SSDS) at Andrews University. You must complete and submit the Intake Form and Release of Information Form in order to request any academic adjustments.

In addition, **please submit professional documentation to support your disability** in order for our office to assess what accommodations are reasonable and appropriate. *However, please be aware that completing and submitting these forms does not guarantee that you will be provided an accommodation.*

It is also your responsibility to schedule an intake appointment with SSDS. Please call Student Success at 269-471-6096 or email the Disability Services Coordinator at [disabilities@andrews.edu](mailto:disabilities@andrews.edu) for an appointment time.

**Accommodations are not retroactive, and some accommodations take longer to implement than others. Students are strongly encouraged to request accommodations well in advance of your course start date or within the first week of class. Notification several weeks in advance is ideal.**

Student Success Disability Services (SSDS) reviews every student's request, self-report, and documentation to recommend reasonable and appropriate accommodations as necessary to maximize the student's accessibility and participation in each course. We strongly encourage you to complete this form and return it to the SSDS Coordinator as soon as possible. **Please also provide current, appropriate documentation with this request for accommodation.** Attach additional page(s) to this form, if necessary.

**Steps to receiving accommodations/adjustments:**

1. Submit completed Intake Form and Release of Information Form
2. Submit professional documentation to support your disability in order for SSDS to assess what accommodations are reasonable and appropriate. (\*\* Please see the attached Guidelines for Documentation\*\*)
3. Schedule an appointment with SSDS by calling 269-471-6096. (Note: Intake Form, Release of Information Form, and Documentation must be submitted before appointment)
4. SSDS reviews and assesses the granting of reasonable and appropriate accommodations
5. Implementation of accommodations and notification to professors prior to course start date, or once approved, for mid-term requests
6. Continued communication between student, course instructors, SSDS Coordinator, and other pertinent staff to ensure student's accessibility and participation in each class.

# Student Information

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

Phone # (Cell): \_\_\_\_\_ (Alternate) \_\_\_\_\_

Primary Email address: \_\_\_\_\_

**Prospective Student:** \_\_\_ Prospective 1<sup>st</sup> Year Student \_\_\_ Prospective Transfer

First enrollment or Anticipated Entrance Date: \_\_\_\_\_

**Current Student:** \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate

Major/Program of Study at Andrews University: \_\_\_\_\_

Are you enrolled in an online program? \_\_\_ Yes \_\_\_ No \_\_\_ Hybrid

**Transfer student:** \_\_\_ Yes \_\_\_ No If yes, from where? \_\_\_\_\_

## Academic History

High School(s) Attended:

Dates of Attendance:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College(s)/Universities Attended:

Dates of Attendance:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disability-Related Information

Please answer the following questions about your disability and how it may impact your ability to learn or participate at Andrews University. Please identify and disclose your diagnosed disability. Check all that apply:

- Learning Disability (please specify) \_\_\_\_\_
- Attention Deficit/Hyperactivity Disorder
- Chronic Medical Condition (please specify) \_\_\_\_\_
- Pervasive Developmental Disorder/Asperger's Syndrome
- Physical/Mobility Impairment
- Neurological (please specify) \_\_\_\_\_
- Psychiatric/Psychological disability (please specify) \_\_\_\_\_
- Communication/Speech Impairment
- Visual Impairment or Blindness
- Deaf or Hearing Impairment
- Acquired or Traumatic Brain Injury
- Temporary Injury/Condition
- Other (please specify) \_\_\_\_\_

Please describe the impact of your disability in an academic setting:

What are the identifiers or characteristics of your disability?

What are the challenges or experiences related to your diagnosis?

How does your disability/condition impact you in an academic setting?

What are some strategies you use to help yourself with the challenge of your disability?

Did you receive accommodations in high school or at a previously –attended college/university?  
If yes, please list all of the accommodations you used.

Did/do you require physical accessibility assistance? If so, please describe.

Please list the accommodations you anticipate needing at Andrews University:

What would you say are your strengths?

## **Confidentiality**

The information shared with Disability Support Services will be shared with others at the university strictly on a “need-to-know” basis and otherwise kept confidential unless disclosure is authorized by you or required by law.

## **Verification**

By signing this form, I hereby verify that the information I have provided is true and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Release of Information Andrews University Disability Services**

I, \_\_\_\_\_, give permission to AU Disability Services Coordinator to share pertinent information with my instructors, academic advisors, counselors or any other necessary personnel for the purpose of coordinating academic accommodation, as I have requested.

I understand that the information shared by Disability Services will be limited to details around academic needs and accommodation only, and that personal information (i.e. diagnosis, nature of academic issue, testing information, etc.) will not be discussed except in extreme circumstances or when this information is necessary in providing the accommodation. I understand that this release is valid for the entire time I am a student at Andrews University.

I have read and understand the information above. I also understand that I can revoke this release at any time.

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Student Signature

Date

## Guidelines for Documentation

It is the responsibility of the student to provide information that verifies that the student's condition meets the definition of a disability as defined by applicable laws, such as Section 504 of the Rehabilitation Act of 1973. Federal Law requires that requests for services for student with disabilities be considered on an individual, case-by-case basis.

*Sources of information used for determining a disability and/or accommodation may include a student's self-report, direct observation and interaction with the student, and documentation from qualified evaluators or professionals.*

### **Student Self-Report:**

***Students should complete the Accommodation Request Intake Form*** This provides students an opportunity to describe their disability and accommodations they are hoping to receive. Students may supplement the Accommodation Request Form with an additional narrative by providing a letter that further describes their disability and/or accommodations they are requesting. Students may consider including information about their experiences related to their disability, barriers faced, and/or previous accommodations (effective or ineffective).

### **Documentation:**

Disability related documentation on student's current (within 5 years) level of functioning should provide information on the functional impact of the disability so that effective accommodations can be identified. Criteria for the source, scope and content of documentation differ by disability type. Documentation may include assessments, reports, and/or letters from qualified evaluators, professionals, or institutions. Common sources of documentation are health care providers, psychologists, diagnosticians, and/or information from a previous school (e.g., accommodation agreements/letters, 504, IEP, or ARD documents). However 504 and IEP documents, while helpful, are often insufficient for college documentation.

### **Documentation Elements:**

1. Typed on letterhead, dated, and signed by a qualified professional.
2. Diagnostic Statement with clear diagnosis of disability or disabilities
3. Lists all related diagnostic methodology used (diagnostic criteria and/or procedures). (Examples of testing for diagnosing learning disabilities include the Wechsler Adult Intelligence Scales (WAIS) and the Woodcock-Johnson III.)
4. Functional limitations or symptoms. (Limitations inform which accommodations are appropriate.)
5. Severity and/or expected progression.
6. Current medication(s) and any related side effects.
7. Current and/or past accommodations.
8. Any recommended accommodations.

Disability Support Services will consider all relevant information provided in documentation. Documentation will be reviewed on an individual, case-by-case basis in the order that it was received. Please submit your information 3-4 weeks prior to the date that services are requested. If you have any questions about these documentation guidelines, please contact Disability Support Services at 269-471-6096 or email [disabilities@andrews.edu](mailto:disabilities@andrews.edu).

The Accommodation Request form and all other information may be submitted in person or delivered via mail at the following address. You may also fax documentation to a secure location at 269-471-8407.

Student Success  
Andrews University  
Nethery Hall Room 214  
4141 Administration Dr.  
Berrien Springs, MI 49103  
ATTN: Kristine Fraser