

**REQUEST FOR REASONABLE ACCOMMODATION & STUDENT
ACKNOWLEDGEMENT OF RESPONSIBILITY**

Angeles Institute is committed to providing equal access to all of its programs, services, and activities for students with all types of disabilities. The Student Affairs department facilitates this access by coordinating the application process, reasonable accommodations and support services.

Students who wish to request reasonable accommodations are encouraged to contact Student Affairs to start the process for documenting and determining eligibility for services prior to the start of the program (at least four weeks prior). While this process can be started at any time, **reasonable accommodations may not be implemented retroactively**. Although some requests for reasonable accommodation (e.g., test-taking time, clinical site assignment, classroom seat placement, etc.) can be implemented immediately once a student has been deemed eligible for services. Other accommodations though may take up to 4-6 weeks to complete. Please note that students are not eligible to receive reasonable accommodations until the request and eligibility process is complete.

Name: _____ Male Female
(Print) LAST FIRST MI

Address: _____
Mailing Address City State Zip

Home Phone #: _____ Cell Phone #: _____ Work #: _____

DOB: _____ AGE: _____

Student ID#: _____ Student Email: _____

Last School Attended: _____ Year of Completion: _____

Angeles Institute Program: _____

DISABILITY INFORMATION

Specify your disability:

- Vision Hearing Psychological (please specify)
- Physical Learning Disability Chronic Health Condition (please specify)
- Attention Deficit/Hyperactivity Disorder (ADHD) Other: _____

Specific information about your disability type: _____

If this request is due to a temporary injury/condition, please indicate expected duration: _____

How does your disability affect you academically (e.g., classroom, testing, clinical)? _____

HISTORY OF ACCOMMODATION

If applicable, please provide information about your history of receiving accommodations. Note that a history of accommodations, or lack thereof, does not necessarily guarantee (or exclude) provision of accommodations at Angeles Institute. If possible, please provide a letter confirming your accommodations at previous institutions.

PREVIOUS SCHOOL(S) ATTENDED	DATES ATTENDED (FROM-TO)	APPROVED DISABILITY ACCOMMODATIONS

ACCOMMODATIONS REQUEST

Please specify what accommodations you are requesting. Student Affairs will consider your request in light of your disability, as described in your documentation, your current disability verification form as well as the requirement of your specific program.

- Extended time for exams/quizzes
- Preferential seating
- Other: _____
- Reduced distraction testing environment
- Specific clinical site consideration
- I am not requesting accommodation at this time but would like to register given the changing nature of my disability

Student Affairs:

- Conducts initial meeting to give students the necessary request forms (including directions for necessary documentation).
- Receives the request form from the student and conducts an initial review and evaluation (verifies appropriate forms/documentation is complete, verifies disability, and consults with faculty and administration concerning Essential Behaviors & Technical Standards).
 - Current documentation required by a Licensed Medical or Mental Health professional
- Meets with the student to review the request and any reasonable accommodations.
- Determines eligibility & reasonable accommodation and continues working with the student by:
 - providing a letter of accommodation (if applicable)
 - informing faculty of your reasonable accommodation (if applicable)
 - working with faculty with your reasonable accommodation (if applicable)
- Students must meet with Student Affairs each term for continued services

Students with disabilities are expected to perform all of the essential functions & technical standards of the program with or without reasonable accommodations and that the Institute is not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program.

ACKNOWLEDGEMENT OF RESPONSIBILITY

I understand and acknowledge that if I need reasonable accommodation for a disability, or feel that I need assessment for a potential disability, I should contact Student Affairs to initiate registration process. If I am deemed eligible for accommodations, I must follow the above process to notify my faculty of the approved accommodations in a timely manner.

I understand that it is my responsibility to provide disability documentation consistent with Angeles Institute practices in order to establish eligibility for accommodation(s). I understand that review of my documentation is applicable only for providing accommodation(s) at Angeles Institute and may not be accepted by any other institution or agency.

I have read, understood, and acknowledge all of the above outlined process for requesting and using reasonable accommodations and the Acknowledgement of Responsibility.

Print Name	Signature	Date
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STUDENT RELEASE OF INFORMATION

I, _____, grant permission for the Student Affairs Department to release and exchange information consistent with the Federal Family Education Right and Privacy Act of 1974, or other laws and regulations with the appropriate college staff & faculty. I am aware that all information will be used solely for the purpose of my educational planning and the implementation of accommodation(s) related to my disability. I am also aware that all information will be kept confidential. This release shall remain in effect until I notify the Student Affairs Department in writing that it is no longer valid.

I authorize the release of information that may include one or more of the following records:

- Verification of Eligibility
- Functional Limitation(s)
- Academic Accommodation(s)
- Other: _____

Print Name	Signature	Date
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