



Disability Notification and Accommodation Request Form

The purpose of this form is to assist the University in determining whether, or to what extent a reasonable disability accommodation is required. The Americans with Disabilities Act (ADA) has a three-part definition of disability. Under ADA, an individual with a disability is a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; OR (2) has a record of such impairment; OR (3) is regarded as having such impairment. Our intent is to be compliant with the law and we make every effort to respond to requests in a timely fashion.

Questions related to the completion of this form or requests for assistance should be addressed to the Associate Dean of Student Success in Room 120, (636) 230-1817.

The Health Care Provider Assessment portion of this form is to be completed by a medical professional with primary oversight of the qualifying diagnosis or another qualified health care provider. To ensure timely and effective provision of services, accommodations should be requested at least one month in advance. However, requests may be made at any time, and efforts will be made to accommodate eligible requests as soon as possible.

This form is for voluntary disclosure of a disability only. You are not required to complete it unless you are requesting accommodations for a disability.

Accommodations are granted on a case-by case basis. Relevant and current documentation is needed to verify the existence of a disability and to determine the appropriate accommodations based on the functional impact of the disability related to academic courses, testing methods, program requirements, etc. The student will have an interview appointment with the Associate Dean of Student Success as part of the process.

Document Guidelines are as follows:

- Must be provided by a qualified examiner
- Must be current
 - Can provide verification of past accommodations in an educational setting.
 - For your information: When applying for Professional Examinations including National Board examinations, their requirements may be different to receive accommodations and will need to be researched by the student applying for those specific examinations.
- Must be comprehensive
 - Student provides verification of a recent diagnosis of disability, medical or a psychiatric disorder by a licensed health care provider as evidence of a functional limitation and need for accommodations in an educational setting.
 - Evaluation and diagnosis should also be accompanied by specific recommendations for accommodations in the educational setting.
- Any accommodations that are recommended must be justifiable and a rationale provided for each accommodation.

- When the student provides the documentation from a doctor or other qualified health care professional, *all documents must include:*
 - Provider's name, Title, Credentials, and area of specialization
 - Date and signature of provider
 - Letter and/or reports should be on provider's letterhead
 - Diagnosis within the letter or reports provided
 - Any recommendations or restrictions listed in the letter or reports provided

*All documentation can be returned to:

Associate Dean of Student Success
 Student Affairs
 Logan University
 1851 Schoettler Rd.
 Chesterfield, MO 63017
 Fax - 636-207-2407

- The Health Care Providers Assessment is provided on Pages 4 and 5 can be completed by the doctor or other qualified health care professional.

Any questions on what kind of documentation to provide for an academic accommodation can be discussed with the Associate Dean of Student Success.

Student to Complete

Name: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____

Briefly describe the nature of your accommodation request: _____

Have you previously received academic accommodations in school? Yes: _____ No: _____ If yes, please explain:

Date of your most recent psychoeducational or medical evaluation: _____

Note: This application cannot be processed until pertinent documentation of a disability has been provided. To ensure the provision of reasonable and appropriate accommodations, students requesting these services must provide comprehensive documentation of their disability to satisfy the eligibility requirements listed above.

Has a physician, vocational rehabilitation specialist or other qualified health professional recommended a specific accommodation? If so, please describe the service(s) received, the name of the health provider and his/her phone number.

Specific accommodation: _____

Health provider: _____

Phone: _____

By my signature below, I authorize the release of all relevant information, records and documentation to Logan University for the purpose of determining my eligibility for disability/pregnancy accommodations related to my enrollment or participation in courses, programs, or activities offered by the University. I understand that select administrators and faculty with a need-to-know as determined by the University will have access to review copies of all documentation provided.

Student Signature: _____ Date: _____

Print Name: _____

Health Care Provider Assessment

Please provide the following information for the student (attach additional sheets if needed):

I. Diagnosis and Date: _____

Level of severity and longevity: _____

II. Testing: Procedures, measures, and observations used to make the diagnosis.
(Please include copies and scores of all diagnostic test batteries if applicable)

Was medication prescribed for a disability? Yes: _____ No: _____ If yes, what? _____

Amount and frequency of administration: _____

Response to medication: _____

III. Assessment: Describe the student's functional limitations in a post-secondary educational setting (please consider the on campus academic setting and the online academic setting):

IV. Recommended Accommodations and Rationale: What recommendations do you make regarding effective accommodations to equalize this student’s educational opportunities at the post-secondary level? (Describe the services and accommodations in exam administration, classroom or student activities or adjustment of classroom physical environment. Please consider the on campus academic setting and the online academic setting):

Please include and attach any information you have on learning disability testing, intellectual functioning, and/or academic problems, which you feel we should know in order to assist the student:

Thank you for your prompt assistance in providing this information. Please return this form to:

Associate Dean of Student Success
Student Affairs
Logan University
1851 Schoettler Rd.
Chesterfield, MO 63017
Fax - 636-207-2407

Providers’ Name and Credentials: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____