

DISABILITIES REGISTRATION & ACCOMMODATIONS REQUEST FORM

The U.S. Department of Education has defined a disabled person as a “person who has a physical or mental impairment which substantially limits one or more life activities, has a record of such impairments or is regarded as having such an impairment.” (Federal Register Part IV, 4 May 1977). Examples of disability include, but are not limited to, eyesight, hearing, or mobility impairments; epilepsy, chronic disease, dyslexia and other learning disabilities.

NEOMED is committed to providing reasonable support and accommodations for qualified disabled students who are admitted. At the same time, the university must ensure all students meet certain essential functions. You are encouraged to inform the university if you have a disability that requires accommodation now or possibly in the future.

Please return this form only if you have special needs or require accommodations. Any information you provide is strictly voluntary and will be shared only with the members of the Disabilities and Accommodations Committee.

NAME _____

Phone _____

College and Class:

- ☐ Medicine: Class of _____
- ☐ Pharmacy: Class of _____
- ☐ Graduate Studies

Check all that apply:

- ☐ I am Registering a Disability
- ☐ I am Requesting Accommodations (documentation required, see attached form)
- ☐ I am Requesting a Change in Accommodations (please describe below)
 - ☐ Due to changing environmental/educational conditions
 - ☐ Due to significant changes in the disability (new documentation required)
- ☐ I am Requesting a Continuation of my Accommodations

Nature of Disability _____

Please Describe Change in Conditions of Disability _____

- ☐ *I understand that NEOMED may release the nature of my disability on a need-to-know basis only, including to those who are responsible for providing the accommodations.*

Signature _____ Date _____

DOCUMENTATION FORM

for DISABILITY AND ACCOMMODATIONS

Student Affairs provides academic accommodations to students with disabilities that reflect a current substantial limitation to a major life activity. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis. All documentation is reviewed on a case-by-case basis.

Name of Student: _____ DOB: _____

Date of Diagnosis _____

1. Please describe the disability, symptoms for this diagnosis, severity of impairment, duration and expected long-term impact.
2. Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects as they could relate to academic/professional performance.
3. Please describe how this diagnosis exhibits itself as a current substantial limitation to learning in an academic/professional environment.
4. Please list any recommendations you would have for academic accommodations that would help this student succeed in the college environment. These recommendations will be used to help determine the appropriate accommodations that will be made available to this student.

5. Please describe any other relevant information that has not been addressed in the information above.

NOTE: *In order to provide the appropriate analysis to documentation received, NEOMED must be able to rely on treatment professionals with the highest capacity for objectivity. Therefore, NEOMED will not accept disability-related documentation from treatment professionals who are in any way related by blood, marriage or adoption to the student requesting services, or anyone who has a personal relationship other than as a treating physician with the student requesting services.*

Signature: _____ Date: _____

Print name and title: _____

Address: _____ Phone: _____

The information that you provide is maintained in Student Affairs according to the guidelines of the Family Educational Rights and Privacy Act (FERPA) and will become part of the student's permanent file at NEOMED.

Please return this form to:

**Northeast Ohio Medical University
Office of Student Affairs
4209 State Route 44
PO Box 95
Rootstown, OH 44272-0095
330-325-6735; FAX 330-325-5956**