Disability Accommodation Request Form

Santa Fe University of Art and Design is committed to providing equal access and reasonable accommodations, where appropriate, for qualified disabled students as covered under the Americans with Disabilities Act of 1990 (ADA), as amended, Section 504 of the Rehabilitation Act of 1973 and other legal mandates. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

To request accommodations, a student must provide recent medical documentation that diagnoses a functional limitation that impacts the individual in an academic setting to the Disability Services Coordinator. SFUAD requires current and comprehensive documentation in order to determine appropriate accommodations. It is in the student’s best interest to provide recent and appropriate documentation that is not more than 2 years old for a learning disability. This medical documentation must be received in a timely manner (at least one week prior to requested accommodation use or earlier depending on the level of accommodation requested) before accommodations can begin. The law stipulates that, in a postsecondary educational setting, a student does not qualify for services until they have registered with the disability office and have been certified for eligibility. Retroactive accommodations are not allowed.

The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. The healthcare professional conducting the assessment and/or making the diagnosis must be qualified to do so. The persons are generally trained, certified or licensed psychologists or members of a medical specialty.

B. The healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, a copy of that report can be submitted in lieu of the Healthcare Provider Information section.

C. After completing this form, you may either scan & email this entire packet to us at charlie.miu@santafeuniversity.edu or mail it to us Santa Fe University of Art & Design, Attn: Charlie Miu, 1600 Saint Michaels Drive, Santa Fe, NM 87505.

D. All parts of the form must be complete as thoroughly as possible. Inadequate information, incomplete answers, illegible handwriting, and/or no signature will delay the eligibility review process by necessitating follow up contact for clarification.

After everything is reviewed, the Disability Services Coordinator will send an email notification to the student’s MySFUAD email account, (e.g. john.doe@student.santafeuniversity.edu), acknowledging the receipt of documentation and eligibility status. Prospective students that do not yet have a MySFUAD email account will be notified via paper letter sent to their home address.

If you have any questions, please contact the Disability Services Coordinator at 505-473-6713.
Pages 2 and 3 of this document are to be completed by the student. Some of the questions may not apply to your situation. For those questions, answer “not applicable.”

Name: ________________________________

Date of Birth: _______________ Student ID: __D000_________ Class Standing: ____________

Home #: (____) ___________________ Cell #: (____) ___________________ Other#: (____) ____________

Home Address: _______________________________________________________________________

1. Provide a description of your condition. What symptoms do you experience?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. What types of services/accommodations have you used in the past and were they helpful?

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<th>Service / Accommodation</th>
<th>Frequency?</th>
<th>Comments</th>
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3. What are your academic strengths?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. What are your academic weaknesses?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Revised June 2015
5. How does your disability impact you in a classroom setting (i.e. listening, note-taking, communication, writing, computer skills, sitting or attendance)?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

6. How does your disability impact you on evaluations (e.g. tests, papers, oral reports or group projects)?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

7. How does your disability impact you when doing out-of-class assignments (e.g., reading, writing, calculating, typing, research)?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

8. What will impact your success in college? What barriers do you see in you being successful? (e.g., skills, motivation, goal-setting, confidence, outside commitments, etc.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

9. List the accommodations you are requesting in an academic or any other setting, if applicable.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Disabilities Verification
Healthcare Provider Questions

The following questions need to be answered by a qualified health/medical provider. Please ask your Healthcare Provider to provide responses on their official documentations.

Student’s Name: _______________________________________________________________________

1. What is the diagnosis, date of diagnosis, and last contact with student?

2. What instruments and/or tests were used to come to this diagnosis?

3. Describe the functional limitations of this disability for this student in an educational setting (e.g. problems processing information, problems with the written word, problems with visual processing)

4. What recommendations do you have regarding academic accommodations and your rationale for these recommendations?

5. Are there other associated disabilities? If so, what are they? Please describe these conditions and any functional limitations.

Provider’s Signature: ___________________________ Date: ______________

Provider’s Name (print): __________________________ Title: __________________________

Address: __________________________________________________________________________

Email: ______________________________________________________________________________

Phone: (_____) ___________________ Fax: (____) _______________________

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