

## **REASONABLE ACCOMMODATION REQUESTS**

A student with a disability has certain rights under Section 504 and the Americans with Disabilities Act (ADA) including the right to reasonable accommodations that reduce the effects of a disability on usual University of St. Augustine functions. With this right comes the responsibility to follow the procedures developed by the University to ensure that reasonable requests for accommodations are addressed in an effective and timely manner.

If you plan to request an accommodation, the request must be submitted <u>no later than the first</u> <u>Friday after classes begin (no exceptions)</u> so that the Disabilities Awareness Committee is afforded a reasonable amount of time to review and evaluate the request. The Disabilities Awareness Committee generally meets once per trimester, within the first two weeks following the start of classes, to consider all requests.

If you have any questions about this process or how to request an accommodation, it is <u>your</u> responsibility to contact the Chair of the Disabilities Awareness Committee.

## Instructions

The attached form must be completed to request an accommodation in usual University functions due to a physical/sensory disability, learning disability or psychological disorder. Special arrangements require a collaborative effort of faculty, student and staff with the student taking the lead role. The request must be submitted with the appropriate documentation substantiating the nature of the disability.

- **Physical/Sensory Disability** The documentation is provided by a treatment provider qualified to diagnose a physical/sensory disability. The description should include the treatment provider's review of the effects of the disability on the student's ability to function in a university environment and a description of side effects that could result from any medication that is being used to treat the disability.
- Learning Disability The documentation is provided by a treatment provider qualified to administer and interpret learning disability assessments. The description should include the names and results of tests used in the assessment and specify the effect of the learning disability on university-related endeavors. The diagnostic report should include the treatment provider's suggestions for reasonable accommodations. The testing should have been conducted within the past 4 years.
- **Psychological Disorder** The documentation is provided by a treatment provider qualified to administer and interpret psychological assessments. The description should include the names and results of tests used in the assessment and specify the effect of the psychological disorder on university-related endeavors. The diagnostic report should include the treatment provider's suggestions for reasonable accommodations. The testing should have been conducted within the past four (4) years.

If the substantiating documentation is incomplete or inadequate, the University may require supplemental assessment of the disability at the student's cost. If the substantiating documentation is complete and the University requests a second opinion, the University shall incur the cost. If a disability is diagnosed after the student is enrolled at the University, the student will be asked to meet with the Committee to determine reasonable accommodations.

This completed form should be submitted to the Chair of the Disabilities Awareness Committee no later than the **first Friday of the term** so that the Committee is afforded a reasonable amount of time to review and evaluate the request.

The Committee will review the request and notify you and your instructors of any accommodations that you will be receiving while you are enrolled at the University. Students with a disability should expect to maintain the standards that apply to everyone else in the course and request only the accommodations/modifications approved by this process. Being penalized for having a disability is unacceptable, as it is to expect more than reasonable accommodations. Any discrepancy encountered by you or your faculty in the written accommodation plan should be brought to the Disabilities Awareness Committee for review and action.

## REASONABLE ACCOMMODATION REQUEST FORM

Name: Date:						
Program (circle one):	DPT	MOT	DUAL	DPT Flex	MOT Flex	OPA
Campus (circle one):	CA	FL	TX			
Enrollment term (mon	th/year): _			_/		
Phone Number:				Email:		
List the functions that you anticipate would require a reasonable accommodation:						
List the accommodations that you are requesting:						

Return this completed form and the required supporting documentation no later than the first Friday of the academic term to:

Chair, Disabilities Awareness Committee Student Services Office 1 University Blvd. St. Augustine, FL 32086