

Part II: Other Necessary Information

1. Health Information: Please list below any medications you are currently taking under a physician's orders which could involve an emergency health situation (i.e. Medications without which you cannot function effectively, etc.)

2. Counselor Information: If you are a client of a rehabilitation agency, please list below the name, phone number, and mailing address of your counselor:

Name: _____

Agency: _____

Address: _____

Phone #: _____

3. Financial Aid Information: Please indicate whether or not you are a financial aid recipient or applicant through The University of Texas at Tyler Financial Aid Office:

Yes No

4. Medical/Diagnostician Information: Please list below the name, phone number, and mailing address of your physician/diagnostician:

Name: _____

Address: _____

Phone #: _____

5. Please include medical diagnostic evaluation report(s) with this application which provide(s) evidence of your disability(s) and its limitations to your mobility or academic performance (please see Policies and Procedures Attachments: *Verification for Learning Disabilities*; *Verification for Attention Deficit/Hyperactivity in Adults*; *Verification for Psychological/Psychiatric Disabilities*).

Part III: Special Accommodation Request

Note: If you wish instructors to provide accommodation(s) for your disability needs, you must provide a copy of your registration schedule each semester to the Student Services Office. This information should be provided 15 days prior to the beginning of each semester to receive accommodation(s) the first week of class. Proof of a disability warranting the accommodation requested must be on file with the Student Services Office prior to providing any disability accommodation services.

The Disability Support Services Coordinator will provide you with accommodation request letters to give to each of the instructors listed on your registration schedule. It is your responsibility to give this accommodation request letter to each of your instructors and discuss your individual academic needs with him/her. Instructors are requested to treat all information regarding your disability(s) as confidential.

Please check (X) below the accommodations which you feel will be appropriate:

1. ___ A copy of class notes (NCR Carbonless paper can be provided for classmate use. The student may request instructor assistance in making an anonymous appeal for a volunteer willing to share a copy of his/her notes.)
2. ___ A course syllabus and/or test schedule
3. ___ Sign Language interpreter who will either need to sit next to or immediately in front of the student
4. ___ Seat near the front for lip reading (Student must be able to see instructor's face at all times.)
5. ___ Additional time on work being done in class and on examinations (unless speed is the factor being tested)
6. ___ Test reader or scribe
7. ___ Special test location to provide quiet, non-distractive environment
8. ___ Assisting device(s)
9. ___ Special seating: 1) seat near the door; 2) wheelchair access; 3) other: _____
10. ___ Assistance with lab work, etc.
11. Other: _____

I have read and understand the policies regarding requesting an accommodation, including information related to assessment criteria as applicable to my disability. I agree to comply with the procedures and stipulations as outlined on the Disability Support Services webpage. I further agree to return to The Student Services Office all disability accommodation equipment that I borrow by the agreed upon date. I understand that my transcript may be withheld and I will not be permitted to register for another class until all equipment I borrow is returned and in good working condition.

Student's signature: _____

Date: _____