

Request for Accommodations Form

Methodist College is committed to ensuring equal opportunity for qualified individuals with disabilities as defined by the Americans with Disabilities Act of 1990 (ADA), the ADA Amendments Act of 2008 (ADAAA) and Section 504 of the Rehabilitation Act of 1973.

Please note eligibility for services is based upon a review of current medical or psychological documentation and an initial intake interview. All information provided to the ADA coordinator is confidential.

The purpose of this form is to give you, the student, the opportunity to tell us about your disability, the impact of the condition, and what accommodations you have used in the past. The register process includes the following steps:

1. Submission of the Request for Accommodations form
 2. Initial intake interview and submission of disability documentation (if applicable)
 3. Notification to instructors
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Personal Information:

Name: _____ ID# _____ Male/Female: _____

Date of Birth: _____ Ph #: _____ Email: _____

First semester of Enrollment at MC: _____ Current year in school: Fr So Jr Sr

Accommodations history:

High School(s) attended: _____

Accommodations received:

Other College(s)/Universities attended: _____

Accommodations received:

Disability Information:

What is the nature of your disability?

Chronic Health/ Medical Complications

Speech

Brain Injury

Deaf/Hard of Hearing

Psychological/Emotional

Blind/Visual

Learning Disability

Mobility

ADHD

Other: _____

Do you take any medications that would affect your education: If yes, please explain:

Which major life activities are affected? (circle all that apply)

Caring for self	Manual tasks	Seeing	Hearing	Eating	Sleeping
Lifting	Bending	Speaking	Breathing	Learning	Reading
Concentrating	Thinking	Communicating	Standing	Walking	Other:

In your own words, describe your disability and its impact on your daily life:

Describe how your disability affects you in an academic setting:

List the academic accommodations you are requesting:

If requested, can you produce documentation from a qualified professional describing the nature of your disability? Yes No

I certify that the information provided is accurate and acknowledge that I am fully aware of my personal responsibilities as it relates to my request for disability accommodations. My failure to follow these guidelines may result in a delay or interruption of services.

Student Signature: _____ **Date:** _____