



DES MOINES UNIVERSITY
MEDICINE & HEALTH SCIENCES

Center for Educational Enhancement

3200 Grand Avenue • Des Moines, Iowa 50312-4198 • 515-271-4452 • accommodations@dmu.edu

Student Request for Accommodations Form

Welcome to CEE! All information you provide as part of your accommodation application is held on a *need to know* basis by individuals involved in making accommodations decisions with you in compliance with FERPA. **This form, and all accompanying documentation, should be submitted electronically. Please contact the CEE at cee@dmu.edu if there is a concern with obtaining an electronic copy of this form.**

PART 1: CONTACT INFORMATION

Background Information

Name: _____

Street Address: _____ City/State: _____

E-mail: _____ Phone: _____

Program of Study: _____

Anticipated graduation year: _____

Current academic standing: Year 1 Year 2 Year 3 Year 4 Other: _____

Current academic probation: Yes No

Emergency contacts

List person(s) to contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Note: Diagnosis of a mental or physical impairment is necessary for conducting the interactive process to determine reasonable accommodations. Accommodations are intended to reduce the impact of limitations for students with impairments; how a mental or physical impairment impacts a particular student is unique to that student. Therefore, evidence of a specific limitation(s) is necessary as part of the interactive process to determine reasonable accommodations on a case by case basis.

PART 2: SYMPTOMS

What accommodations are you requesting for the current year?

Nature of the Impairment: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Mental Impairment | <input type="checkbox"/> Temporary: _____ |
| <input type="checkbox"/> Physical Impairment | |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Other (Explain): _____ |
| <input type="checkbox"/> Learning Disability | |

Diagnosis: _____

How long ago was your disability first professionally diagnosed?

- Not Diagnosed
- less than 1 year
- 1 to 2 years
- 2 to 4 years
- 5 or more years

Do you have documentation regarding your impairment?

- Yes
- No (please explain): _____

In which of the following areas have you experienced difficulty?

- | | |
|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Following through with directions |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Memorizing/remembering |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Completing assignments on time/time management |
| <input type="checkbox"/> Math/Science | <input type="checkbox"/> Organizing your schedule |
| <input type="checkbox"/> Test taking | <input type="checkbox"/> Registering for classes |
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Seeking academic advisement |
| <input type="checkbox"/> Class/oral presentations | <input type="checkbox"/> Assignments |
| <input type="checkbox"/> Foreign language | <input type="checkbox"/> Identifying a major |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Other (Explain): _____ |

Write a few sentences describing your academic difficulties in your own words.

Have you experienced difficulty in any of the following areas? (check all that apply)

- Making friends on campus
- Making independent decisions
- Anxiety about different elements of college life
- Communicating with faculty
- Perceptions of what others are thinking
- Communicating with peers in and out of class
- Other (Explain): _____

Explain how your disability currently affects you in social situations:

Have you used accommodations before? If yes, please explain which accommodations you have used and how it has helped you.

Have you received prior accommodations for standardized examinations (e.g. SAT, ACT, MCAT, GRE, etc.)?

- No
- Yes Examination: _____ Month/Year: _____
Standardized exam accommodation you received (if extra time, note amount given):

Have you received College accommodations?

- No
- Yes School Received from: _____
College accommodations you received:

Have you received Secondary school accommodations?

- No
- Yes School Received from: _____

Secondary school accommodations you received:

Have you received Elementary school accommodations?

No

Yes School Received from: _____

Elementary school accommodations you received:

PART 3: IMPACT

Describe how your impairment manifests itself. How does it impact your learning and testing? Be specific.

Explain how the requested accommodations help compensate for the limitations you experience as a result of your impairment.

Describe any tutoring, other services, or medication related to your impairment? Explain how these services or medications helped you.

What learning aids or study strategies have helped ameliorate the impact of your impairment?

Provide a personal statement describing your impairment and its impact on your daily life and educational functioning. (Use as much space as you need or attach additional pages)

I understand the provided information will assist the Accommodations and Educational Support Specialist in determining reasonable accommodations for my use. I authorize the Accommodations and Educational Support Specialist in CEE to contact the professional(s) who diagnosed my impairment and/or those entities that have provided me with accommodations or documentation for further information. I authorize such professional(s) and entities to communicate with Des Moines University in this regard and to provide Des Moines University with such clarification and/or additional information.

Signature: _____ Date: _____

Please return this form and supporting documentation to: Accommodations and Educational Support Specialist, Center for Educational Enhancement, Des Moines University, 3200 Grand Ave, Des Moines, IA 50312

CEE Staff: _____ Date received: _____ Received by: _____