

The Kinkel Center for Student Success, Advising and Engagement
Request for Accommodations

Name: _____ **Date:** _____

Student ID #: _____ **Date of Birth:** _____

Home City: _____ **State:** _____

Fontbonne E-mail Address: _____

Prefer Phone number for contact if necessary: _____

Circle Year: Fr Soph Jr Sr Grad Unclassified Pathways

Major: _____ **Expected Graduation Semester and year** _____

How did you hear about Accommodations Services (High school counselor, Fontbonne web site, Academic Advisor, faculty member, personal research, etc.)? _____

Academic accommodations requested due to the following diagnosed exceptionalities (check all that apply):

- Orthopedic Impairment Speech Impairment Blindness Hearing Impairment
 Traumatic Brain Injury Visual impairment Deafness Learning Disability
 Autism/ASD ADD/ADHD Use of a wheelchair
 Psychological exceptionalities; please specify _____
 Specific medical or health-related exceptionalities; please specify _____
 Other; please specify _____

Type of Animal:

Service Animal 1. Is the service animal required due to the exceptionalities? Yes No

2. What task(s) is the animal trained to perform? _____

Assistance/Emotional Support Animal and housing accommodations Yes No

Do you currently have a Vocational Rehabilitation Counselor? Yes No

If yes, please provide Counselor name and phone number: _____

Personal Care Attendant/Assistant and housing accommodations Yes No

(It is the student's sole responsibility to make the appropriate arrangements to contract services with a licensed agency to provide the services of a Personal Care Attendant or a licensed, private PCA to provide these services). It is also the sole responsibility of the student to register licensed/private PCA annually with the Kinkel Center Academic Support and Accommodations Coordinator. Personal attendants and individually prescribed devices are the responsibility of the student, this is not at the expense of the institution.

**Please list accommodations you are interested in receiving, even if you do not want the accommodations for every class:
(Additional accommodations may be determined)**

Time and a half on all tests **Out of class testing/online** **Individual area** **Alternate Textbook format/PDF**

Reader/Scribe/Computer for tests **Peer Note taker/Computer for notetaking** **Preferential seating**

Flexible Deadlines **Closed Captioning** **Excused Absences** **PowerPoint/Notes** **Use of a tape recorder**

Documentation and Accommodations

I understand that the initial request for accommodations must be accompanied by current documentation of my diagnosed clinical or medical disability/impairment that meets The Kinkel Center Accommodations Services guidelines relevant to my situation. While I am able to request accommodations, the *Academic Support and Accommodations Coordinator* has the right to determine the most fair and reasonable accommodations for my situation based on all information provided. No further documentation is needed for continual requests for accommodations unless there is a change in diagnoses. If informed that I need additional, up-to-date documentation for a specific accommodations request, then I realize that I am personally responsible for obtaining this information per general higher education procedures.

Release of Information

I, _____, hereby authorize and request the Kinkel Center for Student Success, Advising and Engagement’s *Academic Support and Accommodations Coordinator* and/or his/her designee be able to release and/or obtain all confidential information acquired in the course of the evaluations and treatments of my disability/impairment. *This information is to be solely used for the purpose of providing accommodations.* I give the Kinkel Center for Student Success, Advising and Engagement’s *Academic Support and Accommodations Coordinator* and/or his/her designee my permission to speak with the following people on my behalf without my need for additional consent:

<u>By initialing the following boxes, I give the Kinkel Center’s <i>Academic Support and Accommodations Coordinator</i> my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging accommodations and related support services:</u>	
<input type="checkbox"/> Fontbonne Faculty and Fontbonne Staff	<input type="checkbox"/> Parents
<input type="checkbox"/> Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)	<input type="checkbox"/> Service providers (Vocational Rehabilitation, interpreters, etc.)
<input type="checkbox"/> Other (Please specify):	

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire on August 1, 2020.** I will need to renew this release after this date in order to continue receiving **accommodations for the following academic year.**

In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student’s Signature _____ **Date** _____