



## Office for Accessible Education

### Accommodation Request Form

To ensure appropriate accommodations are offered, the Office for Accessible Education (OAE) requires diagnostic information for all accommodation requests. **The diagnosing or reporting professional may not be a relative of the student.**

***Please read and follow these instructions carefully:***

1. The student must complete the basic personal information requested on this sheet.
2. Attach documentation of the disability. This can include, but is not limited to:
  - Previous records of accommodations (Individual Education Plans, Section 504 Plans, ACT/SAT/GRE letters)
  - Current evaluations or assessments
  - If no existing current records are available, or if the diagnosis, including severity, has changed over time, please submit the attached form once it is completed by a licensed and credentialed evaluator.

#### Documentation Guidelines

The disability documentation must be provided by a qualified professional. The documentation must be current, provide a clear diagnosis of the disability, and include sufficient information to determine the extent of the disability and what accommodations are appropriate. The University recommends following the best practices for documentation guidelines from the Association on Higher Education and Disability (AHEAD). The seven elements of documentation recommended by AHEAD include the following:

- The credentials of the evaluator(s)
  - A diagnostic statement identifying the disability
  - A description of the diagnostic methodology used
  - A description of the current functional limitations
  - A description of the expected progression or stability of the disability
  - A description of current and past accommodations, services and/or medications
  - Recommendations for accommodations, adaptive services, assistive services, compensatory strategies, and/or collateral support devices
3. Return the completed packet to the Office for Accessible Education for review:

Mail	Electronic	In Person
Office for Accessible Education 6363 St. Charles Ave. Campus Box 41 New Orleans, LA 70118	Fax: (504) 865-3543 Email: <a href="mailto:oea@loyno.edu">oea@loyno.edu</a>	Loyola University New Orleans Monroe Library, 229H

Please contact the Office for Accessible Education at 504-865-3205 or email at [oea@loyno.edu](mailto:oea@loyno.edu) for specific questions.

## Student Form

Complete and submit this form with your request for services—provide to Evaluator/Clinician for their use, as necessary.

<b>Name:</b>	<b>CWID:</b>
<b>Email:</b> @my.loyno.edu	<b>Phone:</b>

**Residential Life:** *Loyola University New Orleans is committed to offering housing options that are appropriate and beneficial to each member of our community.*

Does this request pertain to an aspect of campus housing?  Yes  No

If yes, have you applied for on-campus housing using the Resident portal?  Yes  No

Does this request pertain to campus dining services?  Yes  No

If yes, have you shared concerns with Residential Life prior to making this request?  Yes  No

<b>Start Date:</b>	<b>End Date</b> <i>(if request is temporary):</i>
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Describe the barriers that you experience due to your diagnosed condition.

Describe any accommodations, auxiliary aids, or services that you are either currently using *or* that you have used in the past to address these needs.

What accommodations or adjustments are necessary to reduce the impact of these barriers and better facilitate access to a university-sponsored course, program, or activity?

### Authorization for release of information

I hereby authorize the Office for Accessible Education to obtain documentation regarding my request for accommodation at Loyola

University New Orleans from \_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Evaluator/Clinician Form

Complete this form and return directly to Loyola University New Orleans—additional records welcome.

<b>Name of Evaluator:</b>	<b>Licensure:</b>
<b>Name of Student:</b>	<b>Date of last visit/service:</b>

<b>What is the patient's disability (or disabilities) including diagnostic coding?</b>
<b>Describe the diagnostic methodology used.</b>
<b>What are the current functional limitations of the condition(s) experienced by your patient?</b> <i>Please describe according to all settings impacted, including the classroom, studying, housing, dining, and other daily life activities.</i>
<b>Describe the current treatment plan including any accommodations, services, or auxiliary aids utilized.</b>
<b>Describe any limitations or side effects of these services, if any.</b>
<b>Describe the expected progression or stability of the disability including any recommendations for future reevaluation.</b>
<b>I recommend the following accommodations be provided by Loyola University New Orleans as a necessity to address limitations of the diagnosed condition not already addressed by the current treatment plan, services, or auxiliary aids:</b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_