



Office for Accessible Education

Accommodation Request Form

To ensure reasonable accommodations, 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 and known side effects
- Recommendations for accommodations, assistive devices or adaptive technology.
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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: oea@loyno.edu	Loyola University New Orleans Monroe Library, 229H

Please contact the Office for Accessible Education at 504-865-3205 or email at 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.

Name:	CWID:
Email: @my.loyno.edu	Phone:

Residential Life: *Loyola University New Orleans is committed to offering housing options that are appropriate and beneficial to each member of our community. We believe that community is so essential to the academic experience that we require students to live on campus for their first 3 years. In our residence halls, students are fully engaged with the Loyola community while learning to share space and be considerate of others. We carefully evaluate all housing requests and work closely with Residential Life to identify appropriate, on-campus living spaces. Students who make requests for single rooms solely as a request for a quiet, undisturbed place to study should instead request a single from Residential Life as part of the application process. Due to the shared facilities and resources in a residence hall, even a private room does not guarantee a quiet, distraction free space.*

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

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

Start Date:	End Date (if request is temporary):
Describe the barriers to educational or physical access that you experience due to your diagnosed condition, that is, the impact of your disability or diagnosis and how it impacts your course work or access to facilities or services on campus	
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 you requesting to reduce the impact of these barriers and 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 from or consult with the evaluator/clinician named below regarding my request for accommodation at Loyola University New Orleans

_____.

Signature: _____ Date: _____

Evaluator/Clinician Form

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

Name of Evaluator:	Licensure:
Name of Student:	Date of initial visit/service: Date of most recent visit/service:

What is the patient's disability (or disabilities) including diagnostic coding?
Describe the diagnostic methodology/testing used.
What are the current functional limitations of the condition(s) experienced by your patient? <i>Please describe the impact on all settings, including the classroom, studying, housing, dining, and other daily life activities, as applicable.</i>
Describe the current treatment plan including any accommodations, services, or auxiliary aids utilized.
Describe any limitations or side effects of these services, if any.
Describe the expected progression or stability of the disability including any recommendations for future reevaluation.
I recommend the following accommodations be provided to address limitations of or barriers to the access or use of campus courses, facilities or programs due to the diagnosed condition not already addressed by the current treatment plan, services, or use of auxiliary aids:

Evaluator/Clinician Signature:

Date:

Evaluator Contact Information or attached business card: