

University Diversity & Inclusion Office



REGISTRATION FOR STUDENT ACCOMMODATIONS

INSTRUCTIONS

First Time Registrations:

- ④ Statement of Accommodations and Procedure to Receive Accommodations.
- ④ Service Request Form: complete this form to register for services, return it to our office or email to lisa.galindo@washburn.edu or diversity.inclusion@washburn.edu at your earliest convenience. If you have questions or unusual circumstances schedule an appointment with Diversity & Inclusion staff by calling 785-670-1629.
- ④ Disability and Assessment Form: print your name and Washburn Identification Number (WIN) on the form, ask your medical professional to complete the assessment form and return it to Diversity and Inclusion.

Renew Registration For Upcoming Semester:

- ④ Complete the relevant Service Request Form and submit it to University Diversity & Inclusion Office.
- ④ If there are any changes to your disability and/or accommodations, submit updated documentation to University Diversity & Inclusion Office.
- ④ Medical information is not required to renew registration unless the documentation is more than 5 years old.



University Diversity and Inclusion

Re: Disability and Impairment Assessment

Form Dear Student:

Washburn University and Washburn Institute of Technology provides disability-related accommodations in compliance with the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973.

Washburn University prohibits discrimination on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu

APPEAL PROCEDURE

The Director is authorized by Washburn University to provide reasonable accommodation at his/her discretion. Should the student disagree with the recommendation of accommodations, he/she may appeal in writing to a committee including the Associate Vice President of Student Life and the Equal Opportunity Director. The committee will meet with the student as soon as practicable. Final determination of the accommodation(s) will be implemented by the committee.

Please ask the appropriate health care professional to complete the following assessment form and provide any additional information relevant to this request. The assessment form will need to be signed, dated and returned to diversity.inclusion@washburn.edu

Should you have any additional questions or concerns, please contact me directly.

Sincerely,

Danielle Dempsey-Swopes
Director
University Diversity and Inclusion

Accommodation Request Form

Sem _____ Year _____

Please complete and return to University Diversity and Inclusion			
Last	Middle	First	
Current Mailing Address		City	State
Zip Code			
Telephone Number	WIN	Official Washburn email	
I plan to live on campus		I have an off-campus clinical/practicum/internship for the upcoming semester	
WU Advisor:		VR Counselor:	
<input type="checkbox"/> Academic Accommodations (check all that apply) <input type="checkbox"/> Permission to Tape Record Lectures <input type="checkbox"/> In-Class Notetaker <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Real-Time Captioning <input type="checkbox"/> Large Print <input type="checkbox"/> Table and Chair in Classroom <input type="checkbox"/> Assistive Technology (training required) <input type="checkbox"/> Textbooks in Alternate Format (Must provide an Alternate Format Form for each textbook 3-4 weeks in advance of your need) <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Test Accommodations: <input type="checkbox"/> Extended Test Time <input type="checkbox"/> Distraction-Reduced Environment <input type="checkbox"/> Test Reader <input type="checkbox"/> Test Scribe <input type="checkbox"/> Other: _____		<input type="checkbox"/> Program Accommodations (check all that apply) <input type="checkbox"/> Accessible Classroom Building _____ Room _____ Building _____ Room _____ <input type="checkbox"/> Accessible Residential Living <input type="checkbox"/> Service Animal (Request Service Animal Agreement) Building _____ <input type="checkbox"/> Emotional Support Animal (Request Assistance Animal Contract) Building _____	
PLEASE CHECK ONLY ONE:			
<input type="checkbox"/> I request the above accommodations for all courses enrolled in during the Fall 2019 semester.			
<input type="checkbox"/> I request the above accommodations for the following courses enrolled in during the Fall 2019 semester (please specify):			
I understand it is my responsibility to make an appointment with each of my instructors and to discuss my accommodations requests. If I am having difficulty with accommodations or I am changing my schedule, it is my responsibility to notify staff with The University Diversity & Inclusion office as soon as possible.			
Student Signature: _____		Date: _____	

Accommodations are arranged on an individual basis. Please list **each course** for which you are **requesting accommodations** and list the specific accommodation(s) desired for that course. University Diversity & Inclusion Office will prepare a letter for each instructor. **When your accommodation packet is ready, you will be notified through your Washburn email to come pick it up within three business days. If not picked up, your file becomes inactive.**

COURSE #/SECT	CRN	COURSE TITLE	DAY/TIME	BLDG/RM	INSTRUCTOR	ACCOMMODATIONS
Example: AS101 A	13211	Intro/Astronomy	TR/ 9:30-10:45	HC/304	Faculty Name	# 3 and 6

I know it is my responsibility to make an appointment with each of my instructors and to discuss my accommodation requests. If I am having difficulty with accommodations or am changing my schedule, it is my responsibility to notify University Diversity & Inclusion Office as soon as possible.

Student Signature Date

<p>For office use only:</p> <p><input type="checkbox"/>R <input type="checkbox"/>A <input type="checkbox"/>N <input type="checkbox"/>AT <input type="checkbox"/>F <input type="checkbox"/>B <input type="checkbox"/>H <input type="checkbox"/>L <input type="checkbox"/>E</p> <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>	<p>Date emailed Student: _____ Date picked up packet: _____</p> <p>Student Signature: _____ Date: _____</p> <p style="text-align: right;">Date emailed Prof(s): _____</p>
--	---



University Diversity and Inclusion

DISABILITY AND IMPAIRMENT ASSESSMENT FORM

Patient Name (Please print)

WIN (Please print)

1. What is the medical/DSM-5 diagnosis (list all that apply):

2. Date of original diagnosis:

3. Date of patient's last evaluation:

4. Using the chart below, please check any major life activities substantially affected as a result of the disability and/or impairment and explain the limitations.

Life Activity	Yes	No	Functional Limitation on the Major Life Activity
Breathing			
Caring for oneself			
Concentrating			
Hearing			
Interacting with others			
Lifting			
Reaching			
Reading			
Seeing			
Sitting			
Sleeping			
Standing			
Talking			
Walking			
Working			
Organizing			
Initiating Work			
Memory			
Stress Management			
Timely submission of assignments			
Understanding directions			
Managing internal/external distractions			



University Diversity and Inclusion

5. How does the condition/impairment affect work performance (refer to the position description)?

6. What accommodations do you recommend **and** how do these accommodations relate to the impact of the disability and/or impairment?

6. Additional comments:

Health Professional's Information:

Name (Please print) _____

Type of practice/Medical specialty: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

(Signature of Health Professional)

(Date)

Please return this form to:
Director of University Diversity and Inclusion
Washburn University, 1700 SW College Ave, Topeka, KS 66621
Fax: 785-670-1056 Phone: 785-670-1629

Washburn University [prohibits discrimination](#) on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu.