

## Accommodation Request Form

Sem \_\_\_\_\_ Year \_\_\_\_\_

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 (our office will provide) <input type="checkbox"/> Real-Time Captioning (our office will provide) <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 ( <b>Must provide an Alternate Format Form for each textbook 3-4 weeks in advance of your need</b> ) <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 ( <b>Request Service Animal Agreement</b> ) Building _____ Emotional <input type="checkbox"/> Support Animal ( <b>Request Assistance Animal Contract</b> ) Building _____		
<b>PLEASE CHECK ONLY ONE:</b>				
<input type="checkbox"/> I request the above accommodations for all courses enrolled in during the Fall/Spring/Summer semester. (circle one). <input type="checkbox"/> I request the above accommodations for the following courses enrolled in during the semester (please specify courses):  				
<p><b><u>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 &amp; Inclusion office as soon as possible.</u></b></p>				
Student Signature: _____		Date: _____		



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.

Table with 4 columns: Life Activity, Yes, No, Functional Limitation on the Major Life Activity. Rows include activities like Breathing, Caring for oneself, Concentrating, etc.



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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](mailto:eodirector@washburn.edu).