

# Steps for Requesting Disability Accommodations

The Learning Enrichment Center (LEC) coordinates a number of direct services for undergraduate and graduate/professional students with disabilities. Accommodations are individualized based on a documented disability and the functional limitations of each student.

## **Step One:**

Complete a Request for Accommodations Application. Please make sure to complete every section. Incomplete applications will not be reviewed. An online application can be found at [www.apu.edu/lec/disabilities](http://www.apu.edu/lec/disabilities).

## **Step Two:**

Along with your application, provide verification of a disability from a professional medical or mental health provider. Please see page 2 for our documentation guidelines. Application and documentation may be submitted in person or emailed to [disabilityservices@apu.edu](mailto:disabilityservices@apu.edu). You will receive an email if your documentation is insufficient so that you can resubmit appropriately.

## **Step Three:**

Once your application and documentation is complete, you will be contacted within 3-5 business days to attend an intake meeting. Non-traditional students and those at Regional Campuses may schedule a phone or video conference meeting.

Please be aware that not all accommodation requests will be approved. Disability services staff will review the request and refer students to appropriate resources if a disability related accommodation is deemed unreasonable.

The accommodation approval process may take several weeks. Upon approved accommodations, you will receive an email with your official accommodation memo. Your memo will also be emailed to appropriate APU faculty and/or staff.

*Once accommodations are established, they are applied proactively rather than retroactively, so planning ahead is very important. If you do not submit the required documentation within 30 days of applying, or the documentation is insufficient, your application will become inactive. You may re-apply at any time.*

**Please keep this page for your reference.**

# Documentation Guidelines

## Learning Enrichment Center

We do not accept documentation from the APU Student Health Center or the APU University Counseling Center.

### **Psychological/Emotional (i.e. anxiety, depression)**

Documentation must be provided by a licensed mental health professional. If medication is required, an evaluation from a psychiatrist is preferred. Documentation must be current (prefer within 3 years) and must be signed and submitted on official letterhead that states your diagnosis and any limitations you are experiencing as a result of your diagnosis.

Recommended documentation includes:

1. A clear statement of the diagnosis, including DSM-IV TR diagnosis and a summary of present symptoms
2. How the symptoms are limiting the student's functioning
3. Impact of medications (if any) on the student's ability to meet the demands of the postsecondary academic and social environment.
4. Recommendations or observations to assist in determining accommodations

### **Learning Disabilities, ADD / ADHD**

Documentation must be a report that includes evaluation data and a summary of the disability along with accommodation recommendations. Documentation must be current (prefer within 3 years). In addition to a report, a signed letter from the evaluator should be submitted on official letterhead with his or her license number.

Recommended documentation includes:

1. A clear statement of the disorder, including DSM-IV TR diagnosis and a summary of present symptoms.
2. A summary of the assessment procedures and evaluation instruments used to make the diagnosis, and a summary of evaluation results.
3. Impact of medications (if any) on the student's ability to meet the demands of the postsecondary academic and social environment.
4. Recommendations or observations to assist in determining accommodations

### **Physical Impairment**

Documentation of disability/illness must be from a medical professional such as a physician or other medical specialist with expertise in the area of the diagnosis. Documentation must be signed and submitted on official letterhead that states your diagnosis and any limitations you are experiencing as a result of your diagnosis.

Recommended documentation includes:

1. A clear statement of the diagnosis
2. How the symptoms are limiting the student's functioning
3. Impact of medications (if any) on the student's ability to meet the demands of the postsecondary academic and social environment.
4. Recommendations or observations to assist in determining accommodations



# Request for Accommodations

**Learning Enrichment Center**

Undergraduate (choose from drop-down): 20\_\_

Graduate (choose from drop-down): 20\_\_

Name: \_\_\_\_\_ APU ID: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

APU Email: \_\_\_\_\_ Regional Campus, if applicable: \_\_\_\_\_

Do you live on the Azusa campus?  Yes  No If yes, where? \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Major/Degree: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Freshman  Sophomore  Junior  Senior  Graduate  Non-traditional Undergraduate (professional)

**Disability Information** (If you need more space, please attach a separate sheet.)

Is your disability  Temporary  Permanent

Disability falls into the following category(ies):

Learning  Psychological  Physical

Visual  Hearing  Mobility

Neurological  Traumatic Brain Injury  Respiratory

Other, please specify: \_\_\_\_\_

Please describe what you understand about your disability:

Describe in detail how your disability affects you academically and in daily life. Give examples of limitations you experience:

Describe the accommodations you are requesting and how they will alleviate your symptoms:

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### History of Accommodations

Have you used accommodations before?    High School    University    Other: \_\_\_\_\_

Dates you have used accommodations in the past: \_\_\_\_\_ (month, year) to \_\_\_\_\_ (month, year)

What types of accommodations have you received in the past?

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Please indicate who referred you to the Learning Enrichment Center: \_\_\_\_\_

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### RELEASE AUTHORIZATIONS

APU Disability Services staff engages in an interactive and collaborative process with students in order to determine eligibility for reasonable accommodations. Part of this process includes the submission and review of documentation related to the reported disability or limitations. At times, additional information may be requested from treatment providers. Documentation provided to the LEC is confidential and only shared with other offices or personnel at APU as necessary to put accommodations into effect. The identification of your disability is kept confidential, however we may share the limitations as part of the interactive process. Disability information may be released only with expressed written permission of the student (which may include e-mail).

I understand that any authorizations I make here may be withdrawn by me at any time through a written, signed and dated request (which may be done via email) or in conference with an LEC Disability Services staff member.

I give permission to the LEC to obtain information related to my disability from my medical providers.      Yes      No

By signing, I agree to the above process.

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

Thank you for completing this request. Incomplete applications will not be reviewed. Please be sure you filled out every section before submitting.