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## Office for Accessible Education

### Academic Accommodations Request Form

This form should not be used to request accommodations for residential life or meal plans. To ensure reasonable accommodations, the Office for Accessible Education (OAE) requires diagnostic information for all accommodation requests. ***Please read and follow these instructions carefully:***

1. The student must complete the 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, 504 Plans),
  - Current evaluations or assessments,
  - Detailed written documentation on clinician letterhead
  - 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.

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:oe@loyno.edu">oe@loyno.edu</a>	Loyola University New Orleans Monroe Library, 2nd Floor, Student Success Center

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

## Student Form

*This form should not be used to request accommodations for residential life or meal plans.*

*Please fill out all sections below. Incomplete information may result in a delay to the interactive process. After this form and your diagnostician's paperwork are submitted, you need to schedule a meeting with an OAE Coordinator.*

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>

<b>Please list or describe your disability*/diagnosis:</b>
<b>Describe the barriers to educational or physical access that you experience due to your diagnosed condition, that is, describe the impact of your disability or diagnosis and how it impacts your coursework or access to facilities or services on campus</b>
<b>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.</b>
<b>What accommodations have you used in the past? Were these effective?</b>
<b>What accommodations are you requesting to reduce the impact of these barriers and facilitate access to a university-sponsored course, program, or activity?</b>

### Authorization for release of information (this information must be included)

*I hereby authorize the Office for Accessible Education to obtain documentation from or consult with my evaluator/clinician named here \_\_\_\_\_ regarding my request for accommodation at Loyola University New Orleans.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

## Evaluator/Clinician Form

The clinician completing this form should have no personal relationship with the individual being evaluated. The clinician making the diagnosis should have credentials and training directly related to the reported disability/diagnosed condition. For example, an orthopedic limitation should be documented by a physician, not a licensed psychologist.

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

<b>What is the patient's disability* (or disabilities)/diagnosis, including diagnostic coding?</b>
<b>Describe the diagnostic methodology/testing used (additional records are welcomed.)</b>
<b>How is the student substantially limited by their disability/diagnosis in a classroom, testing or other learning environment?</b>
<b>Describe any accommodations, services, or auxiliary aids currently utilized by this student.</b>
<b>I recommend** the following accommodations to address limitations of, or barriers to the access or use of university-sponsored courses, programs, or activities, due to the disability/diagnosed condition not already addressed by the student's current treatment plan, services, or use of auxiliary aids:</b>

\*A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

\*\*Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

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Evaluator/Clinician Signature:  
Evaluator contact information or attached business card:

Date: