



Student Request for Accommodation(s) Form

All information provided as part of your accommodation application is held on a *need to know* basis by individuals involved in making accommodations decisions with you in compliance with applicable laws, rules and regulations including, but not limited to, The Family Education Rights and Privacy Act (FERPA).

PART 1: CONTACT INFORMATION

Background Information

Name: _____

Street Address: _____ City: _____

E-mail: _____ Phone: _____

Program of Study: _____

Anticipated graduation year: _____

Current academic standing: Year 1 Year 2 Year 3 Year 4 Other: _____

Current academic probation: Yes No

Emergency contacts

List person(s) to contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Note: Accommodations are intended to reduce the impact of limitations for students with impairments; how a mental or physical impairment impacts a particular student is unique to that student. Therefore, evidence of a specific limitation(s) is necessary as part of the process to determine reasonable accommodations on a case by case basis.

PART 2: DISABILITY

Nature of the Disability: (Check all that apply)

- Mental Impairment Temporary: _____
- Physical Impairment
- ADHD Other (Explain): _____
- Learning Disability

Diagnosis (if any): _____

How long ago was your disability first professionally diagnosed?

- Not Diagnosed
- less than 1 year
- 1 to 2 years
- 2 to 4 years
- 5 or more years

Do you have documentation regarding your disability?

- Yes
- No (please explain): _____

Have you received prior accommodations for standardized examinations (e.g. SAT, ACT, MCAT, GRE, etc.)?

- No
- Yes Examination: _____ Month/Year: _____
- Standardized exam accommodation you received (if extra time, note amount given):

Have you received College accommodations?

- No
- Yes School Received from: _____
- College accommodations you received:

Have you received Secondary school accommodations?

- No
- Yes School Received from: _____

Secondary school accommodations you received:

Have you received Elementary school accommodations?

No

Yes School Received from: _____

Elementary school accommodations you received:

PART 3: IMPACT AND REQUEST FOR ACCOMMODATION

Please describe your disability in terms of the limitations it might place on your ability to participate in Idaho College of Osteopathic Medicine (ICOM) programs. Please be as specific as possible regarding the functions or activities that are limited by your disability.

Please list the accommodations you wish to request in order to participate in ICOM programs.

Explain how the requested accommodations help compensate for the limitations you experience as a result of your disability.

I understand the provided information will assist the ICOM Accommodations Committee in determining reasonable accommodations for my use. I authorize the ICOM Director of Student Affairs to contact the professional(s) who diagnosed my impairment and/or those entities that have provided me with accommodations or documentation for further information. I authorize such professional(s) and entities to communicate with ICOM in this regard and to provide ICOM with such clarification and/or additional Information.

Signature: _____

Date: _____

Please return this form and supporting documentation to: Director of Student Affairs

S.A. Director: Date received: _____ Received by: _____