

2913 Gardner Road Broadview, Illinois 60155 888.547.9600 Pierce.edu

## **Accommodation Form**

### Confidential Memorandum

Please print or type your responses. Fill the form ou	t completely and attach the required documentation. Forms that are not filled out completely wil
be returned. Please complete this form and scan or a	leliver it to your Admissions Representative.
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Student Name (Printed)	Cell Phone Number

### The ADA Accommodation Application Process

The student's process of requesting accommodation begins with completing the **Accommodation Form** and obtaining other documentation, as needed, to confirm the disability. Accommodations cannot be determined until the Accommodation Form and documentation have been submitted. Students seeking accommodation are encouraged to complete the Accommodation Form and submit documentation before the quarter begins. Doing so will ensure accommodations are determined in a timely manner.

Accommodations should in no way compromise the essential elements or objectives of the curriculum. Accommodations will be designed to meet a student's disability-related needs without fundamentally altering the nature of the instructional program. The process for establishing reasonable accommodations is as follows:

- 1. Read the Accommodation Policy in the College Catalog and Student Handbook thoroughly before completing the Accommodation Form.
- 2. Complete the Accommodation Form. Students are encouraged to complete the **Accommodation**Form and submit documentation before the quarter begins
- 3. All supporting documentation must be submitted when completing the Accommodation Form
- 4. Upon successful completion of the Accommodation Form and documentation, the student will set up a time to speak with the President for an intake appointment. The student is expected to arrange an appointment and meet with the President of the College
- 5. The student and the President will meet to review the documentation to determine reasonable accommodation. The President may request additional information at this time
- 6. Once reasonable accommodations are determined, approved accommodation will be released to the student with a copy to faculty and staff members on a need-to-know basis
- 7. For approved academic accommodations, students will make an appointment with each faculty member to discuss the implementation of the accommodations
- 8. Accommodations are not retroactive. Although a student has provided documentation, the accommodations become active after the student has provided the accommodation approval letter to their professors. Students are responsible for discussing the implementation of accommodations with their professors to ensure timely enactment of the accommodations

Gupton-Jones College of Funeral Service 5141 Snapfinger Woods Dr. Decatur, Georgia 30035 770.593.2257 | info@gupton-jones.edu Gupton-Jones.edu Dallas Institute of Funeral Service 3909 South Buckner Blvd. Dallas, Texas 75227 214.388.5466 l info@dallasinstitute.edu DallasInstitute.edu Mid-America College of Funeral Service 3111 Hamburg Pike Jeffersonville, Indiana 47130 812.288.8878 I info@mid-america.edu Mid-America.edu



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# **Accommodation Form**

(Student must complete the following form for any approval of an accommodation)

A disability is defined under the *Americans with Disabilities Act* as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

Under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed certain protection and rights to accommodations based upon documentation. The documentation must indicate that the disability substantially limits some major life activity.

The following guidelines are provided in the interest of accommodations, academic adjustments, and/or auxiliary aids. Supporting documentation should meet the following guidelines, if applicable (please check all that are applicable):

Documentation must be from a licensed professional, qualified in the appropriate specialty area for which accommodations are being requested and who is not related to the student. Documentation must be on official letterhead from the licensed professional

Documentation should be current. However, the College may use its discretion in cases in which the condition is considered permanent and the documentation is greater than three years old

504 Plans and IEP's can be considered and reviewed as appropriate documentation. The College, however, may request additional documentation in some instances

Other supporting documentation, please list:

When applicable, the documentation should include the following information:

- ✓ A list of the recommended educational accommodations and other accommodations, <u>must be included from a medical professional</u>.
- ✓ A clear statement of the diagnosed disability including the DSM-IV diagnosis, if applicable
- ✓ An education, developmental, and medical history or summary of presenting symptoms as it relates to the diagnosis
- ✓ A list of all assessment instruments and relevant scores used to make the diagnosis (if possible)
- ✓ A description of the functional limitations resulting from the disability
- ✓ A list of the recommended educational accommodations

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- ✓ A statement of why the disability qualified the applicant for accommodations requested
- ✓ Discuss the impact of medication on the student's ability to function in an academic environment

## Documentation NOT accepted:

- ✓ A brief note from a doctor that simply requests an accommodation
- ✓ Information or notes written on prescription pads
- ✓ Copy of after-care instructions
- ✓ Documentation of learning disabilities which is not comprehensive or which identifies "learning problems" or "learning challenges" but does not specifically diagnose a learning disability

ease describe your diagnosed disability and the approximate date of onset (required to complete):
ease describe how your disability affects you both outside and inside the classroom (required to complete):
applicable, please describe any accommodations/services you have received in the past, whether or not you used then equired to complete):



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Please describe the specifically any and all accommodations you are requesting (required to complete):

Student Name (Printed)	
Signed Name	

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Date

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