



STUDENT LEARNING ACCOMODATION REQUEST

3.2

NAME:

DATE:

STUDENT NUMBER:

We use the term "disability" specifically with regards to protecting your rights and connecting you with the appropriate resources. You have many strengths and abilities! Disclosure of disability diagnosis is not required but may assist the Accessibility and Academic Accommodations Specialists in supporting disability-based needs.

Please indicate the disability you experience that has the greatest impact on your learning. (optional)

- ☐ Acquired Brain
- ☐ Injury Concussion
- ☐ Attention Deficit/Hyperactivity Disorder
- ☐ Hearing
- ☐ Vision / Speech
- ☐ Medical: Chronic or Permanent disability
- ☐ Medical: Temporary Illness or Injury
- ☐ Mental Health: Chronic
- ☐ Social / Emotional: Participate appropriately in class or group
- ☐ Social / Emotional: Ability to respond to changes
- ☐ Mobility/ Dexterity
- ☐ Specific Learning Disability Other
- ☐ Other

Details: Other

If you have selected "other" above, please specify the nature of your disability.

Additional Disabilities:

If you experience additional disabilities, please indicate them here.

Confidential

Functional Limitations

Please list how any disability related symptoms or current medications may adversely impact academic functioning i.e. cognitive/ physical abilities):

Physical Symptoms:

- ☐ Gross Motor
- ☐ Fine Motor
- ☐ Lifting
- ☐ Ability to sit for a sustained period of time
- ☐ Ability to stand for a sustained period of time
- ☐ Fatigue
- ☐ Chronic Pain

Current Functioning

Impact on Learning or Daily Living (Required)

Current Academic Concerns (Required)

What are your current academic concerns, needs or questions related to your disability?

Temporary Situation

If this is a temporary situation, what is the expected duration?

Please identify your strengths.

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Resources

Please describe the supports, services or accommodations that you think you will need at Wellsprings College based on your above noted limitations.

Have you used assistive software and/or technology to offset the impact of the disability on your studies (e.g. Read & Write Gold, Kurzweil, Dragon Naturally Speaking, Zoom Text, etc.)?

☐ YES (please specify below)

☐ NO

☐ UNCERTAIN

Please provide any other information that you think we should know about you.

Documentation

To protect the integrity of a rigorous academic environment, we require documentation verifying the existence of a disability from a registered health professional that is authorized to make a relevant diagnosis. The document must include the following:

- a) General observations by the doctor or psychologist
- b) A description of the impact on the student's functions
- c) Identification of standardized tests and assessments performed
- d) Results of tests and assessments
- e) Recommendations for the student and the rationale for each

Documentation available ? (required)

☐ YES

☐ NO

Please note that documentation related to your request may be needed. Any documentation of a personal or medical nature can be submitted to the Education Director's Office, who will not share this documentation with others without your consent. Only information related to any functional restrictions or circumstances that require accommodation (as per the Student Learning Request Form for Accommodations) as appropriate may be shared to meet your accommodation needs and with your consent. The confidentiality of your personal and/or medical information will be safeguarded by the Education Director's Office in accordance with privacy regulations.

Student Acknowledgement & Agreement regarding Confidentiality

I understand that the personal information related to my academic accommodation request, including any supporting documentation, shall be treated as strictly confidential, and shall not be disclosed to other persons without my consent. Information collected will remain separate from my student file. I understand that, in order to implement any academic accommodations, basic information may need to be shared with my instructor or others involved in the accommodation only to the extent necessary and only with my consent.

Signature:

Date: