

Completed documentation can be faxed or scanned using the contact information the below



## Disability Support Services

### STUDENT REASONABLE ACCOMMODATION REQUEST FORM

Eastern Washington University

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### STUDENT REASONABLE ACCOMMODATION REQUEST FORM

Eastern Washington University students, who are seeking reasonable accommodations for a qualified disability pursuant to Title II of the Americans with Disabilities Act (ADA), and section 504 of the Rehabilitation Act of 1973 (Section 504), are invited to complete this form so that University personnel who are designated to facilitate accommodations can assess whether the student has a qualifying disability and if so, engage in an interactive process with the student to evaluate and determine appropriate reasonable accommodations. This process requires the student to provide medical information from a licensed health care professional. The medical documentation will need to describe the nature, severity, and duration of the condition, the activity, or activities; and the medical documentation that substantiates why the requested reasonable accommodation is needed. Students are encouraged to provide complete, candid, and realistic information concerning the nature of the disability, special needs, or any support services required. This information will assist the University in determining whether a student has a qualifying disability and whether an accommodation is reasonable. Medical information that is provided will be retained in a confidential manner, separate from the student's academic records.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

EWU ID: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Are you a Veteran of military service?      YES      NO

Are you currently receiving Financial Aid?      YES      NO

**TO BE COMPLETED BY STUDENT:** (Use separate sheet if necessary)

Identify and describe the physical or mental disability which is the basis for your reasonable accommodation(s):

What major life activity is substantially limited by this disability?

What do you need to be able to perform the tasks and responsibilities of a student?

List any accommodations you have used previously:



**STUDENT CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

Purpose of Disclosure of Information:

*To determine eligibility for services and accommodations in the post-secondary educational setting (as outlined in Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, and the Washington Law Against Discrimination).*

Student Name: \_\_\_\_\_

Student Status: (circle one) Full-time student      Graduate Student      Practicum/Field Placement

Student Date of Birth: \_\_\_\_\_

To: \_\_\_\_\_

Name of Health Care Provider

Address of Health Care Provider: \_\_\_\_\_

Street

City

State

Zip

I hereby authorize the above listed health care provider and any others who have treated me to release to Eastern Washington University the following information related to my health care:

Diagnosis of relevant condition(s)

The severity and duration of the impairment

My ability to perform essential student functions with or without reasonable accommodation

Information as to why the reasonable accommodation is needed

I also authorize disclosure and discussion as necessary so that EWU may determine appropriate and reasonable accommodations for me. I understand that information obtained under this release is a confidential medical record and is maintained separately from my academic records. This authorization is valid until revoked by me.

I further understand that, if I have a qualifying disability, EWU is not obligated to provide any specific accommodation I request, but will evaluate all information gathered through an interactive process with me and otherwise to make a determination of what is a reasonable accommodation.

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

EWU SID# \_\_\_\_\_

**ESSENTIAL FUNCTIONS WORKSHEET**

**Eastern Washington University**

*Essential functions are those tasks and responsibilities that the individual student is required to perform, with or without reasonable accommodation, in order to remain enrolled at EWU. These functions must be related to and consistent with educational necessity. The primary focus of all essential function requirements for students is the ability to learn, retain information, exhibit self-mastery, and demonstrate knowledge pertaining to academic and personal success.*

<b>ESSENTIAL STUDENT FUNCTIONS</b> <i>To be completed by Health Care Provider</i>			
<b>MENTAL/PSYCHOLOGICAL REQUIREMENTS</b>			
<b>REQUIREMENTS</b>	<b>Can perform without accommodations</b>	<b>Can perform with reasonable accommodations</b>	<b>Suggested Accommodations</b>
Communicate effectively, both verbally and non-verbally, and receive communication effectively	YES NO	YES NO	
Manage and maintain control over emotions	YES NO	YES NO	
Concentrate on tasks	YES NO	YES NO	
Remember information and details	YES NO	YES NO	
Make appropriate decisions	YES NO	YES NO	
Adjust to changing environments which includes maintaining emotional health and a demeanor suitable for an academic environment	YES NO	YES NO	
<b>PERFORMANCE REQUIREMENTS</b>			
<b>REQUIREMENTS</b>	<b>Can perform without accommodations</b>	<b>Can perform with reasonable accommodations</b>	<b>Suggested Accommodations</b>
Meet academic/administrative deadlines, completing tasks as assigned	YES NO	YES NO	
Attend and participate in classes and required meetings with university faculty and staff	YES NO	YES NO	
Manage stressors associated with studying and, if relevant, living in University Housing	YES NO	YES NO	

**INTERPERSONAL AND INTRAPERSONAL REQUIREMENTS**

REQUIREMENTS	Can perform without accommodations	Can perform with reasonable accommodations	Suggested Accommodations
Maintain organization related to academics, health, and well-being, including appropriate hygiene and dress	YES NO	YES NO	
Adhere to university policies, including the student conduct code and academic integrity policies	YES NO	YES NO	
Demonstrate appropriate interactions with others including faculty, staff, and fellow students	YES NO	YES NO	
Self-evaluate, identifying and articulating needs and be able to identify and utilize resources in order to meet those needs	YES NO	YES NO	

**Other Requirements:** *Additional requirements may be necessary for some university programs, activities, housing options, majors, and courses. If the student is aware of any of these additional needs, please discuss them and complete the blanks below*

REQUIREMENTS	Can perform without accommodations	Can perform with reasonable accommodations	Suggested Accommodations
	YES NO	YES NO	
	YES NO	YES NO	
	YES NO	YES NO	
	YES NO	YES NO	
	YES NO	YES NO	
	YES NO	YES NO	

Health Care Provider Name: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ License # \_\_\_\_\_