



Student Intake

***The University of Denver holds these requests and information private.
They are not included in your permanent academic records.***

In accordance with the Americans with Disabilities Act and Section 504, The Rehabilitation Act of 1973, the University of Denver is responding to your request for accommodations as a qualified student with disabilities or medical/psychological condition that impacts your academics. The assessment of appropriate accommodations is based on the types of limitations manifested by a particular disability/medical condition and may differ for each student.

The student must request accommodations and disclose his/her disability before any accommodation can be implemented.

All accommodations provided are based upon individual needs as reflected in documentation and/or information related to the student's disability or functional limitations. The University may require further documentation to substantiate the request for accommodations. The Disability Services Program staff reviews requests in a timely manner.

Name: _____ DU ID _____ D.O.B. _____

Phone(s): (h) _____ (c) _____ E-mail: _____

Academic Information

Undergraduate (Major: _____)

Graduate (Program: _____)

Law

Class Standing

First-year

Transfer

Other: _____

First Quarter and Year in Attendance at DU: _____

Are you enrolled in LEP? Yes No

DSP Use Only
• Date Entered CW:
• Other Action:
• Staff:

University of Denver – Disability Services Program

Request for Accommodation(s)

Name: _____ DU ID: _____

1. **Primary Disability / Medical Condition:**

2. **Secondary Disability(ies) / Medical Condition:**

3. **Functional Limitation(s)** – *How does your disability affect your academic work? What are some of the challenges you face in the classroom?*

4. **Requested Accommodations:** (be specific – see the *Handbook for Students with Disabilities* for descriptions of frequently used accommodations; www.du.edu/disability/dsp)

Do you take any medication and/or experience any side effects that may impact learning/concentration? No Yes

Medication(s) & Dosage(s) _____

Side effects which may impact learning/concentration:

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Tell us about your learning style – what helps you in the classroom and when you are studying?

Have you ever used accommodations, assistive technology or other “tools” to help you in your academics? If “yes” please describe.

Sometimes knowing more about a students’ background will help DSP understand how best to accommodate a student. If you feel it will help guide us, please tell us about how your family, community, culture, race, ethnicity or other factors impact your disability and education.

Is there any other information that you want to provide DSP in order for them to make the most appropriate accommodation decision for you?

Student Signature _____

ID Number _____

Date _____

Rights and Responsibilities: Statement of Understanding and Agreement

It is important that you are aware of your rights and responsibilities and the University's policies and procedures regarding the arrangement of appropriate accommodations for your disability. You have been given access to this information through the *University of Denver Handbook for Students with Disabilities*, either hard copy, on line at <http://www.du.edu/disability>, or in another alternate format when requested.

By signing this agreement you confirm that you understand, and agree to adhere to, the policies and procedures outlined in the Handbook.

You also agree to permit Disability Services Program and/or Learning Effectiveness Program staff to contact faculty and staff, as needed, to relay information regarding your accommodations. Notify DSP staff if you do not wish to grant this permission.

- I have received a copy or been offered access to the current issue of the *University of Denver Handbook for Students with Disabilities*.
- I agree to read sections of this handbook that are pertinent to the accommodations that have been approved through the Accommodation Request process.
- I agree to adhere to the policies and procedures to ensure appropriate administration of accommodations.
- If accommodations that have been determined to be appropriate are not described in the Handbook, I agree to consult with a DSP staff member regarding the procedures for that accommodation.

Student Signature:

ID:

Date:
