Accommodations Request Form

Please complete and submit this form via fax, mail, email or in person. Please provide documentation of your disability.

<table>
<thead>
<tr>
<th>REQUEST FOR ACCOMMODATIONS</th>
<th>(MUST BE COMPLETED BY STUDENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>Today’s Date: _____/<strong><strong>/</strong></strong></td>
</tr>
<tr>
<td>ESU ID (last 6 #s): ________</td>
<td>Date of Birth: _____/<strong><strong>/</strong></strong></td>
</tr>
<tr>
<td>Cell Phone: ________________</td>
<td>Alternative Phone: ________________</td>
</tr>
<tr>
<td>ESU email: ________________</td>
<td></td>
</tr>
<tr>
<td>Permanent (Home) Address: Street: ___________________________</td>
<td>Zip code: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing:</th>
<th>On-Campus Housing</th>
<th>Off-Campus Housing/Commuter</th>
</tr>
</thead>
</table>

| Academic Profile: Major: ___________________________ | Minor (if applicable): ___________________________ |

<table>
<thead>
<tr>
<th>Classification (check all that apply):</th>
<th>Freshman</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
<th>Graduate student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prospective student</td>
<td>Freshman</td>
<td>Sophomore</td>
<td>Junior</td>
<td>Senior</td>
<td>Graduate student</td>
</tr>
<tr>
<td>Full-time student</td>
<td>Freshman</td>
<td>Sophomore</td>
<td>Junior</td>
<td>Senior</td>
<td>Graduate student</td>
</tr>
<tr>
<td>Part-time student</td>
<td>Freshman</td>
<td>Sophomore</td>
<td>Junior</td>
<td>Senior</td>
<td>Graduate student</td>
</tr>
<tr>
<td>Other (please explain)</td>
<td>Freshman</td>
<td>Sophomore</td>
<td>Junior</td>
<td>Senior</td>
<td>Graduate student</td>
</tr>
</tbody>
</table>

| Semester / Year of Enrollment at ESU: _________ / ________ (i.e., Spring 2020) |
| Transfer student: | Yes | No | If yes, from where: ___________________________ |
| International student: | Yes | No |
| U.S. Veteran: | Yes | No | Dates of service: From ________ to ________ (month/year) |

| Are you a client of: The Veteran Administration of Vocational Rehabilitation? | Yes | No |
| The State Vocational Rehabilitation? | Yes | No |
In addition to reviewing your documentation, your answers to the following questions will assist us in understanding the current impact of your disability.

1. What is your current disability diagnosis? (Write in your diagnosis or check appropriate category below.)

   ____________________________________________________________________________

   ☐ Attention-deficit/Hyperactivity Disorder ☐ Psychological Disorder
   ☐ Medical Disability/Chronic Illness ☐ Brain Injury/Post-concussive syndrome
   ☐ Mobility Impairment ☐ Autism Spectrum Disorder
   ☐ Learning Disability ☐ Visual Disability
   ☐ Speech Disability ☐ Hearing Disability
   ☐ Other (please explain) ____________________________________________________________________________

2. Describe how your current disability impacts you.

   At School:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

   At Work:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

   Socially/Personally:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Check the areas affected by your current disability:

   ☐ Reading ☐ Writing ☐ Time Management ☐ Concentration
   ☐ Math ☐ Memory/Recall ☐ Organization ☐ Social
   ☐ Reasoning ☐ Attention ☐ Processing
Have you received accommodations from East Stroudsburg University in the past?  
☐ Yes  ☐ No

Date of services provided ________________________________________________

### ACADEMIC HISTORY

1. Describe your strengths, weaknesses, and special interests.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Did you attend a ☐ public or a ☐ private high school? High School name: ________________________________
or a ☐ charter school? or a ☐ home school? or a ☐ cyber school?

2. Did you have an IEP, 504 plan or some other school-based support?  ☐ Yes  ☐ No

If yes, please **submit a copy of supporting assessment documentation** with this form or under separate cover.

3. What were your grades or grade point average (GPA) in high school or any other undergraduate studies? ________

4. Approximately how many hours a week do you spend studying/preparing for school? ________________________

5. What accommodations worked in the past? (Check all that apply.)

- ☐ Extended time on exams
- ☐ 50%  ☐ 100%
- ☐ Reader for exams
- ☐ Exams taken on computer  ☐ Note takers
- ☐ Scribe for exams
- ☐ Audio recordings of lecture  ☐ Calculator
- ☐ Exams administered in distraction free environment
- ☐ Alternative format for printed material Previous methods used ________________________________
- ☐ Assistive technology Types of AT used ________________________________
- ☐ Alternative communication methods Previous methods used ________________________________
- ☐ Environmental access Specific issues addressed _______________________________

6. Are you taking any medication to manage the impacts of your disability?  ☐ Yes  ☐ No

If yes, please describe, including if **effective or ineffective**.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. Have you participated in any therapeutic services (therapy, coaching, support services, etc.) to manage the impacts of your condition?  
☐ Yes  ☐ No
If yes, please describe, including if these were effective or ineffective.
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

8. Would you like information on any of the following additional support services?
☐ Tutoring  ☐ Enrollment Services  ☐ Health Services
☐ Study areas  ☐ Career Services  ☐ Counseling and Psychological Services
☐ Writing Center  ☐ Residence Life  ☐ Academic Advisor
☐ MyESUPortal  ☐ D2L

I understand that to be eligible for disability services at East Stroudsburg University I must provide this completed form and participate in an intake interview with a disabilities specialist. I also understand that submitting supporting documentation will assist the Office of Accessible Services Individualized for Students in providing me with appropriate accommodations. I authorize the Office of Accessible Services Individualized for Students faculty to share information from my records with other staff members in the Office of Accessible Services Individualized for Students as necessary until I sign the information release during our intake interview.

Documentation is:  ☐ enclosed  ☐ will be sent separately
_________________________  __________________________
Signature           Date

Please submit this form to our office via fax, mail, email, or in person.

Office of Accessible Services Individualized for Students (OASIS)
200 Prospect Street
Sycamore Suites Lower Level
East Stroudsburg, PA 18301
Phone: 570 422 3954    FAX: 570 422 3268
Email: oasis@esu.edu