Disability Resources
University Health and Counseling Services

Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7062

Phone 216-368-5230
Fax 216-368-8826
disability@case.edu

REQUEST FOR INFORMATION
Re: Accommodation Request

Case Western Reserve University is committed to providing all students with opportunities to take full advantage of the University's educational, academic, and residential programs. We recognize that students with documented disabilities may need assistance or accommodations in order to achieve this objective.

This form is used to document the requesting student's disability, as covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities, or having a record of such an impairment, or being regarded as having such an impairment. Major Life Activities include, but are not limited to: breathing, seeing, walking, eating, talking, learning, hearing, concentrating, and thinking, as well as impairments of majorly bodily functions and systems

In order for a student to be considered eligible to receive accommodations, students must submit documentation that shows the functional limitations that impacts the student during their academic experience.

Documentation Requirements
Disability Resources requires current and comprehensive documentation to determine appropriate services and accommodations. The time frame for documentation is dependent on the nature of the disability and accommodations requested. If you have questions regarding your documentation, please contact an Disability Resources staff member at disability@case.edu or 216.368.5230.

Documenting Professional
Documentation must be from a qualified professional who has knowledge of the disability and of the specific student. The professional must be trained and qualified to render a diagnosis and to recommend accommodations for that particular disability. As students with disabilities are a heterogeneous group, no single professional group is qualified to offer documentation for all disabilities. In fact, documentation concerning a student's needs may come from multiple sources. One individual may make the diagnosis, but a different professional may determine the practical limitations of that diagnosis.

STUDENT INFORMATION

FIRST NAME: MIDDLE INITIAL: LAST NAME:

DATE OF BIRTH:

DIAGNOSTIC INFORMATION

How long has this student been under your care?

Is the student currently under your care?   Yes / No

Diagnosis:

Date of diagnosis:

How was the diagnosis determined? (Please include any tests/measures used)

What is the severity of the disorder? Please explain in as much detail as possible.

What is the expected duration of the disability? If it is an ongoing or lifetime disability, please note.

Describe the symptoms associated with this condition:

List current medications and possible adverse side effects and their impact on the student:

List any other treatment that the student is receiving to manage their condition:

Describe how this condition may limit major life activities for the student and how it may impact the students' progress, especially in an academic or residential setting:

Please state specific recommendations regarding academic/housing accommodations for this student, and a rationale as to why these accommodations, adjustments, or services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please provide contact information, sign and date this questionnaire (below), and return it to Disability Resources in Sears 470 or at disability@case.edu .
Contact information:

Address: Telephone:
FAX and/or Email address:

Printed Name: **Professional Signature:**
License #:   **Date:**