

## STUDENT REQUEST FOR ACCOMMODATIONS

Requests for accommodations must be made for EACH semester by the following deadlines: **September 1 (fall semester); February 1 (spring semester); June 1 (summer semester)**. Prior accommodations will not be automatically renewed. Accommodation requests will be considered after the deadline only if the disability first presents itself after the corresponding deadline, but in any event no fewer than fourteen (14) days preceding the requested effective date of the accommodation.

Submitting this application and all required documentation does not guarantee that an accommodation will be granted. Provision of an accommodation in a prior semester does not guarantee that a subsequent request for accommodation will be granted.

Please provide the following information and requested documentation. You may attach pages to supplement this form as necessary. If you have any questions, please contact:

Jason Davis, Assistant Director of Accessible Education Services (423) 869-6587 [jason.davis@lmunet.edu](mailto:jason.davis@lmunet.edu)

### **PROGRAM INFORMATION**

**Today's Date:** \_\_\_\_\_ **Are you currently enrolled at LMU?** \_\_\_\_\_

**Semester for which you are requesting an accommodation (i.e. Spring '23).** \_\_\_\_\_

{Please Note: You may only request accommodations for one semester.}

**What is the start date for the program you are enrolled in?** \_\_\_\_\_

**What made you decide to reach out to Accessible Education at this time?**  
\_\_\_\_\_  
\_\_\_\_\_

### **STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Preferred Name/Nickname:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**LMU email:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

### **LOCAL ADDRESS**

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

### **PERMANENT ADDRESS**

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

### **ACADEMIC INFORMATION**

**Degree/Program** \_\_\_\_\_ **Major** \_\_\_\_\_

**Primary Campus** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

**Classification:** Freshman Sophomore Junior Senior Graduate Other: \_\_\_\_\_

**NATURE OF YOUR DISABILITY (Check all that apply)**

**DIAGNOSIS**

- |  |   |
|--|---|
| <input type="checkbox"/> Blind                 | <input type="checkbox"/> Health Impairment            |
| <input type="checkbox"/> Visually Impaired     | <input type="checkbox"/> Communication Disorder       |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Psychological Disability     |
| <input type="checkbox"/> ADHD                  | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Mobility Impaired     | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Autism                |   |

**LIMITED MAJOR LIFE ACTIVITY**

- |  |   |
|--|---|
| <input type="checkbox"/> Hearing           | <input type="checkbox"/> Communication/Speech |
| <input type="checkbox"/> Learning          | <input type="checkbox"/> Memory/Recall        |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Speaking             |
| <input type="checkbox"/> Reading           | <input type="checkbox"/> Walking              |
| <input type="checkbox"/> Seeing            | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Attention         | _____   |
|  | _____   |

1. Please give a detailed narrative of the nature and extent of your disability.
  
2. Describe the functional limitations related to your disability that directly affect your ability to complete your course of study without accommodations.
  
3. When did you first acquire the disability (approximate date and age)?
  
4. When was the disability first diagnosed by a treating professional (date and age)?

By whom? **Name:** \_\_\_\_\_ **Title/Specialty:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Degree:** \_\_\_\_\_  
**License No.:** \_\_\_\_\_

5. Are you currently undergoing treatment? If so, describe the treatment and the last date you were seen by your treating physician:

**PAST ACCOMMODATIONS GRANTED FOR DISABILITY DESCRIBED**

(If you answer yes to question 6 or 7 below, please attach any records or other documentation concerning the diagnosis and the accommodation(s) granted. Medical records or documentation of long-standing accommodations are particularly important.)

- 6. Have you previously used Accessible Education or tutoring services, or received special testing accommodations at any post-secondary institution for either undergraduate or graduate studies?  Yes  No

If yes, please describe the type of accommodations received:

- 7. Were you granted testing accommodations for the admissions test for your current academic program (i.e., SAT, ACT, GRE, LSAT, MCAT)?  Yes  No

If yes, please describe the type of accommodations received:

- 8. Have you ever had a request for special accommodations denied?  Yes  No

If yes, explain the reasons for denial.

**REQUESTED ACCOMMODATIONS**

Please explain the testing or classroom accommodations(s) that you believe are necessary. If you are seeking additional time, you must specify the amount of additional time requested and explain the justification for the additional time requested.

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**IMPORTANT NOTE:** Accommodations based on Learning Disability, AD/HD Spectrum Diagnosis, or Psychological Disability require submission of formal testing results and/or specific reports as set forth in Appendices 1 to 3. It is the responsibility of the applicant to provide this information to the treating professional so that all required information is timely provided to the Director of Accessible Education Services.

**STUDENT'S SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CLASS SCHEDULE

Course Name	Course Number	Day & Time of Class	Professor Information
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:
		TIME _____ M T W TH F	Name: Email:

Student, you are responsible for notifying Accessible Education Services if/when your schedule changes from the one listed above.

**CONFIDENTIAL**

**RELEASE OF INFORMATION**

The primary purpose of this release is to help ensure that I receive reasonable accommodations as needed at Lincoln Memorial University. Authorized consent will remain in effect for the duration of my enrollment. I have the right to revoke the release of information at any time by completing and signing another Release of Information form.

I authorize the Accessible Education Services to release information to the following entities:

- Appropriate LMU faculty, staff, administrators, and Graduate Assistants assigned to Accessible Education Services, as needed
- Standardized testing agents (e.g., PRAXIS, COMLEX, NAVLE, TBLE, PANCE, etc.)
- Other Post-Secondary institutions as needed
- Other off-campus professionals as needed
- Other (parent, spouse, etc.) \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPENDIX 1: ADDITIONAL DOCUMENTATION FOR ACCOMMODATIONS BASED ON LEARNING DISABILITY

In order to be entitled to accommodations based on learning disability, the applicant's specific learning disabilities must have been identified by a qualified professional conducting an appropriate psychoeducational assessment process that is well-documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. Although a learning disability normally is lifelong, the severity and manifestations can change. LMU requires documentation from an evaluation conducted within the past three (3) years and after the applicant's eighteenth (18th) birthday in order to establish the current impact of the disability. The applicant must provide documentation that (s)he has a learning disability that substantially limits a major life activity, and the learning disability results in functional limitations that required accommodations in order to take the examination on an equal basis with other applicants for the examination.

The evaluation in the form of a comprehensive diagnostic report should include:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history.
- Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate for the general adult population and be reported in standard scores and percentiles).
- Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues, or English as a second language) affecting the individual's performance.
- A specific diagnostic statement which should not include nonspecific terms such as "learning differences," "learning styles" or "academic problems."
- A rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc).

### Formal Testing:

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following list of tests is provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated:

#### 1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence IV (WAIS IV) (or most current version, including IQ, Index and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
- Stanford-Binet Intelligence Scale (4th Ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

## 2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)

Please note: The Wide Range Achievement Test: Third Edition (WRAT-3), the Peabody Individual Achievement Test (PIAT, PIAT-R) and the Nelson-Denny Reading Test (timed and untimed) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

## 3. Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability; (Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

APPENDIX 2: ADDITIONAL DOCUMENTATION FOR ACCOMMODATIONS BASED  
ON  
ATTENTION DEFICIT/HYPER-ACTIVITY DISORDER (AD/HD)

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activity. LMU requires documentation from an evaluation conducted by a qualified professional within the past three (3) years and after the applicant's eighteenth (18th) birthday in order to establish the current impact of the disability. The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (or most current version) are used as the basic guidelines for determination of Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. The diagnosis depends on objective evidence of AD/HD symptoms across the applicant's development and cause the applicant clinically significant impairment within multiple environments. An applicant self-report alone is generally insufficient to establish evidence for the diagnosis.

An applicant warranting an AD/HD diagnosis should meet basic DSM-V criteria including:

- Sufficient numbers of symptoms (delineated in DSM-V) of inattention and/or hyperactivity-impulsivity that have persisted for at least six months to a degree that is “maladaptive” and inconsistent with developmental level. The exact symptoms should be described in detail.
- Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity that caused impairment were present during childhood.
- Objective evidence indicating that current impairment from the symptoms is observable in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
- A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders; psychosis, substance abuse, low cognitive ability, etc.).
- Indication of the specific AD/HD diagnostic subtype; predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

Formal Testing:

AD/HD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of:

- the applicant's relevant background including family, academic, social, vocational, medical, and psychiatric history;
- how AD/HD symptoms have been manifested across various settings over time;
- how the applicant has coped with the problems; and
- what success the applicant has had in coping efforts.

Psychological testing and self-report checklists cannot be used as the sole indicator of AD/HD diagnosis independent of history and interview. However, such findings can augment clinical data. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.).



### APPENDIX 3: ADDITIONAL DOCUMENTATION FOR ACCOMMODATIONS BASED ON PSYCHOLOGICAL DISABILITY

In order to be entitled to accommodations based on psychological disability, the applicant's disability must have been identified by a comprehensive diagnostic/clinical evaluation by a qualified professional that is well documented in the form of a comprehensive report.

The report should include the following:

- specific and current psychiatric diagnosis as per the DSM-V;
- psychiatric/psychological history;
- relevant developmental, educational, and familial history;
- relevant medical and medication history;
- results of full mental status examination;
- description of current functional limitations in different settings;
- results of any tests or instruments used to support the clinical interview and support the presence of functional limitations, including any psychoeducational or neuropsychological testing, rating scales, or personality tests, including but not limited to WAIS-III (all subscores and verbal and performance IQ, full scale score), Beck's Depression Scale, Trailmaking Test A and B or Colormaking Trailmaking Test A and B, Minnesota Multiphasic Personality Inventory, Rorschach Psychodiagnostic Test, Thematic Apperception Test, or Million Clinical Multiaxial Inventory;
- diagnostic formulation, including discussion of differential or "rule out" diagnoses; and
- prognosis.

## APPENDIX 4: ADDITIONAL DOCUMENTATION FOR MEAL PLAN ACCOMMODATIONS

LMU requires that all students living on campus participate in the meal plan available through the LMU's dining service. Virtually all students' needs can be met through the standard meal plan options. However, students with conditions whose needs cannot be met through this process may request a meal plan accommodation. LMU offers a wide variety of dining options capable of accommodating many different dietary needs, including allergies/intolerances and chronic health conditions. Eligibility for meal plan accommodation requests are determined on a case-by-case basis.

In order to be entitled to meal plan accommodations, the applicant's disability must have been identified by a comprehensive diagnostic/clinical evaluation by a qualified professional that is well documented in the form of a comprehensive report.

The report should include the following:

- specific and current diagnosis;
- relevant medical and medication history;
- specific recommendations for dietary restrictions, allergen avoidance, and/or cross-contamination prevention.

Given the ability to accommodate a wide range of dietary needs, a recommendation for full exemption from participation in the meal plan will only be considered when the treating physician's specific recommendations cannot be met by the dining service.

Requests for meal plan accommodations/exemptions based on dietary preferences or for financial reasons will not be granted. Students who are not granted a meal plan accommodation or who choose to not accept the offered accommodation are required to be on a standard meal plan.

Please note that students must request meal plan accommodations on an annual basis and submit updated medical documentation. Previous accommodations are not automatically extended without submitting a request form and documentation for the corresponding academic year.