UNIVERSITY OF GUAM
UNIBETSEDÅT GUAHAN

Enrollment Management and Student Success
Student Counseling and Advising Services/Accommodation Services

ADA "Intake Form"

REQUEST FOR ACCOMMODATIONS AND SERVICES FORM

Name:_____ **Date of Request:** _____

UOG Student ID No.: _____ ☐ Not Applicable

Semester √: ☐ Fall ☐ Fall Intersession ☐ Spring Summer A ☐ B ☐ C ☐

Class √: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate. ☐ Visitor

Major: _____ **Minor:** _____

Projected Semester and Year of graduation: _____

Home Address:

_____

(City, State/Island, Zip)

Mailing Address:

_____

(City, State/Island, Zip)

Check Mark Preferred Method for Contact

☐ **Home Phone** (__ __ __) __ __ __ -__ __ __ __ ☐ **Cell Phone** (__ __ __) __ __ __ -__ __ __ __

☐ **Email Address:**

Date of Birth: _____ /_____ /_____ **Social Security Last Four Digits**: __ __ __ __

E-Mail Address:

UoG E-Mail Address:

Major(s): _____ **Minor(s):** _____

Emergency Contact 1: _____ Phone (__ __ __) __ __ __-__ __ __ __
Address:

_____

Emergency Contact 2: _____ Phone (__ __ __) __ __ __-__ __ __ __
Address:

_____

Student Counseling and Advising/ADA Services
Enrollment Management and Student Success
UOG Station, Mangilao, Guam 96923-0117
T/TDD: 671.735.2460 | F: 671.735.2242 |. | Helpline: 671.735.4357
E-mail: sssablan@triton.uog.edu

Primary Disability: _____

Other Disability(ies): _____

_____

Do you have documentation of your disability? ☐ **Yes** ☐ **No** ☐ **Already submitted**

Type of Accommodation requested:

- ☐ Priority registration for courses
- ☐ Extended Time on exam(s) and/or quiz(zes)
- ☐ Extended time on assignment(s)
- ☐ Alternative but equivalent Assignment(s)
- ☐ Preferential and accessible seating
- ☐ Note taking
- ☐ Sign Language Interpreter
- ☐ Use of Assistive Technology
- ☐ Emotional Wellness
- ☐ University Resources, services and programs
- ☐ Professor assistance, Please specify below
- ☐ Other, Please specify below

_____

_____

_____

Would you like Faculty Notification Letters (FNLs) prepared for your class(es), *which you must then provide to your instructors*? YES☐ NO☑

Provide a copy of your registration form and indicate the course(s) you are requesting a FNL to be written.

Have you received accommodations specific to your disability(ies) in the past?
YES☐ NO☑

Provide any additional information below :

_____

_____

Received:

_____ **Date:** _____

ADA Office Staff

Revised June 2019

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Student Request for Disability Accommodation and Services

(To be completed by Student)

Your Name: _____ Date: _____

Semester and year first entered the University: _____

Degree Program: _____ Academic Advisor: _____

1. What is your disability? Please specify the date your disability commenced and its expected duration. [Attach supporting document]

2. What is the reasonable accommodation(s) that you are requesting? Be as clear and specific as possible.

3. Please explain how the requested accommodation, aid or assistance measure will help you to attend the University and participate successfully in your degree program.

4. Please explain if there are **other** accommodations, aids or assistance measures which may assist you to attend the University and fulfill the requirements of your degree program.

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5. If you are requesting for a Note Taker, Book Reader, and/or a Sign Language Interpreter, please indicate if you prefer to meet with your Service Provider on or before classes begins.

☐ Yes ☑ No

6. Are there any elements of your program of study that you cannot complete **without** the accommodation you are requesting? If so, please explain.

7. Are there any elements of your program of study that you cannot complete **even with** the accommodation you are requesting?

I, _____, request that the above accommodations be provided to me as a qualified student with a disability. I further understand that the University of Guam will reasonably accommodate individuals with disabilities, as defined by applicable law, if the individual is otherwise qualified to meet the fundamental requirements and aspects of the program of the University, without undue hardship to the University.

The information that I have provided is true, correct, and complete. I hereby authorize, _____, my treating physician and/or other related health care professional(s) to provide information regarding my condition to the University of Guam to assist in identifying and providing me with the accommodation(s) requested.

_____ _____
Signature of Student Date

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VERIFICATION OF DISABILITY

[For New Students]

Please attach using official letterhead of your health provider a statement that certifies the following:

1. Name of Student/Applicant ("individual") and Date of Birth
2. The nature of any physical or mental impairment experienced by the Individual.
3. How the impairment limits one or more of the individual's major life activities.
4. The onset and expected duration of the disability.
5. Recommendations regarding the type of assistance needed for the Individual to participate as a student at the university.

The name of the professional providing the verification, title, contact information, and signature should also be noted.

Types of documentation can include:
• Psycho-educational evaluations
• Neuro-psychological evaluations
• Diagnostic summary letters from an appropriate medical professional (e.g. medical specialist, psychiatrist, audiologist)
• Medical records
• Recent Individualized Education Plans (IEPs), 504 Plans, or similar secondary school-based documents.

NOTE: School-based documents such as an IEP, a 504 Plan, a Transition Plan, or a Summary of Performance without diagnostic information may not by itself provide sufficient information to determine eligibility for services.

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Health Care Professional Section

(To be completed by Health Care Professional
Please attach additional pages and supporting documents, if necessary.)

Student's Name: _____

Please complete the Verification of Disability portion or note here if the student is not a qualified person with a disability.

1. Please identify the specific diagnosis and description of the above-named student's disability, to include the date the disability commenced and its expected duration. For the diagnosis of a specific learning disability, objective evidence of a substantial limitation to learning must be provided. Your evaluation must address areas including aptitude, achievement, and information processing and must include relevant records.

2. What is the reasonable accommodation(s) that you are recommending? Be as clear and concise as possible.

3. Please explain how the requested accommodation, aid or assistance measure will be effective in enabling the student to complete the student's degree program at the University.

4. Please explain if there are other accommodations, aids or assistance measures that will enable the student to complete his/her degree program.

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5. Are there any elements of the student's program of study that the student cannot complete **without** this accommodation? If so, please explain.

6. Are there any elements of the student's program of study that the student cannot complete **even with** this accommodation? If so, please explain.

Name of Health Care Professional **Signature of Health Care Professional**

Clinic/Hospital Name **Address**

Telephone Number

Date

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STUDENT CONSENT/AGREEMENT and AUTHORIZATION TO RELEASE INFORMATION FORM

[For New Students]

Please initial beside each statement as you agree to the following:

_____ I understand that the purpose of the Student Counseling and Advising Services Accommodation office is to address access barriers, which may vary from course to course. Therefore, accommodations may not be application in courses where there is no access barrier.
_____ Academic accommodations cannot fundamentally alter essential course or degree requirements.
_____ I understand my responsibilities to notify the Student Counseling and Advising Service Accommodations counselor when my accommodations no longer meet my access needs or need modifying.
_____I must provide ample notification of requested accommodations to my professors and/or service providers and work collaboratively by discussing my access needs.
_____I understand the following responsibilities for accessing accommodations:

- Requesting an accommodation letter each semester/term;
- Notifying my professors which accommodations will be utilized; and
- Submitting timely requests for accommodation services to the Student Counseling and Advising Service accommodation office.

_____ I understand I am prohibited from sharing course materials obtained through accommodations.
_____ I understand that if my program includes a practicum, internship, or pre/clinical experience that the accommodation may not be applicable, and it is my responsibility to inform and discuss with my academic advisor and/or dean of the school or college of my major.

Authorization for Use/Disclosure of Information:

_____I voluntarily consent to authorize the **SCAS/ADA OFFICE** to use or disclose the information contained in my file during the term of this Authorization
_____I voluntarily consent and authorize the SCAS & ADA Office to use, disclose or release information solely for the purposes of reporting data as deem necessary by the University of Guam.

Term: I understand that this *Authorization* will remain in effect:
/ / From the date of this Authorization until I graduate from the University of Guam.
/ / Until withdrawn by myself or any authorized representative.

NOTE:
This Authorization extends only to information and documents submitted to the SCAS/ADA Office and contained in my case file.

_____

Student Name (Print) Student Signature Date

Received By: _____ **Date:** _____

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