

THE OFFICE OF LEARNING SERVICES

Special Assistance Request Form for Students with Disabilities

All information is confidential

Millersville University does not discriminate on the basis of disability status in admission or access to its programs and activities. Individuals are encouraged to make the University aware of any permanent or temporary disability. Arrangements will be made to secure auxiliary aids and services, when necessary, to ensure that such students are not denied the benefits of, excluded from participation in, or otherwise subject to discrimination under programs and/or activities at Millersville University. This policy extends to full-time, part-time and non-degree students and students enrolled in both credit and noncredit courses.

Instructions for completion of this form are located on the next page

ACCOMMODATIONS WILL DEPEND UPON APPROPRIATE VERIFICATION OF THE DISABILITY

You may provide documentation with this form or send it under separate cover as it becomes available. Please return in the enclosed envelope or mail directly to:

The Office of Learning Services
352 Lyle Hall
Millersville University
P.O. Box 1002
Millersville, PA 17551-0302

ADDRESS ADDITIONAL QUESTIONS REGARDING ASSISTANCE FOR STUDENTS WITH DISABILITIES TO:

TELE: 717-872-3178

FAX: 717-871-2129

E-MAIL: LEARNING.SERVICES@MILLERSVILLE.EDU

The arrangement of reasonable physical and academic accommodations takes time and may require follow-up interviews. Please submit your request at the earliest possible date.

1. Name (please print)	_____	Date	_____
2. Address	_____ _____		
3. E-mail	_____		
4. Phone	_____		
5. MU ID #	M	_____	

[Continued on the next page]

Millersville University does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, or disability in admission, or access to, or treatment or employment in, its programs and activities. This includes Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990. Coordinators: Services for Students with Disabilities, Dr. Sherlynn Bessick, Director, Office of Learning Services, Lyle Hall, 717-872-3178; Title VI and Title IX, Ms. Patricia Hopson-Shelton, Assistant to the President for Social Equity and Diversity, Delaware House, 717-872-3787; ADA Coordinator Mr. Louis P. DeSol, Associate Vice President for Human Resources, Dilworth Building, 717-872-3017.

INSTRUCTIONS FOR COMPLETION OF THIS FORM

1-5. Print your name, date, address, e-mail, telephone, and MU ID number (M number).

Students with Learning Disabilities

6. Briefly describe your diagnosed **learning** disability (i.e., dyscalculia, dyslexia, information processing disorders, etc.) or ADD/ADHD.
7. List the special accommodations you are requesting for your **learning** disability (example: note takers, extended test-taking time, books on tape, etc.)

Important: Students requesting special accommodations for a learning disability must provide a comprehensive learning assessment from a licensed psychologist, certified school psychologist, or a psychiatrist performed within the past three years. This assessment should include evaluator's name and title, testing dates, and student's age and grade level. The assessment information should include: a) Standardized intelligence test results including verbal and non-verbal ability; b) Standardized achievement test results; c) Assessment of information processing abilities; d) Other diagnostic tests the examiner deemed appropriate (**all scores and/or rating scales must be included**); e) and how the disability substantially limits the student's learning. **Please note:** Individual Education Plans (IEP) may be submitted to support the most recent evaluation reports; however, they will not be considered in lieu of the full evaluation report. They may be submitted to support accommodation requests.

8. **Comments:** Please use this space to provide further explanation of your disability and request for special assistance.
9. Disclosure Statement for **Students with Learning Disabilities**

Please be certain that you have read, signed, and dated the disclosure statement.

Students with Physical Disabilities

10. Briefly describe your **physical** disability (i.e., deaf, blind, paraplegic, asthma, mental health, etc.)
11. List the special accommodations you are requesting for your **physical** disability (example: asthma; hearing loss sign language interpretation; in class or a note taker; paraplegic; need table surface in class that is wheelchair accessible). Documentation must support accommodations requested.

Important: Students requesting special accommodations for a physical disability may be required to provide detailed documentation from an attending medical practitioner verifying the diagnosis, nature, effect, and limitations of the disability. Reasonable accommodations are arranged based on a review of the application and physician documentation when required.

12. **Comments:** Please use this space to provide further explanation of your disability and request for special assistance.
13. Disclosure Statement for **Students with Physical Disabilities**

Please be certain that you have read, signed, and dated the disclosure statement.

LEARNING DISABILITY

6. Give a brief description of your diagnosed learning disability:

7. What accommodations are you requesting for your learning disability?

8. Comments: _____

9. Disclosure statement for **Students with Learning Disabilities:**

The Office of Learning Services will make every effort to serve your special needs. In doing so, our office may need to make special arrangements for your academic experiences on campus. This may require limited disclosure of your information in order to facilitate your special needs. You may withdraw this authorization at any time. **Please sign and date below:**

I authorize The Office of Learning Services to disclose information about me to University departments, as needed, to arrange accommodations for me.

Signature: _____ Date: _____

Please specify below, by name, the individual(s) you will allow The Office of Learning Services to speak with on your behalf (such as parent[s], guardian, legal representative, etc.).

Please print:

Important

Accommodations will be considered upon receipt of a comprehensive learning assessment from a qualified practitioner, performed within the past three years for learning disability clients.

PHYSICAL DISABILITY

10. Give a brief functional description of your **physical** disability:

11. What accommodations are you requesting for your **physical** disability?

12. Comments: _____

13. Disclosure statement for **Students with Physical Disabilities:**

The Office of Learning Services will make every effort to serve your special needs. In doing so, our office may need to make special arrangements for you for housing, classes, equipment, etc. This may require limited disclosure of your information in order to facilitate your special needs. You may withdraw this authorization at any time. **Please sign and date below:**

I authorize The Office of Learning Services to disclose information about me to University departments, as needed, to arrange accommodations for me.

Signature: _____ Date: _____

Please specify below, by name, the individual(s) you will allow The Office of Learning Services to speak with on your behalf (such as parent[s], guardian, legal representative, etc.).

Please print:

Important

Accommodations will be considered upon receipt of detailed documentation from the attending medical practitioner.