

Request for Accommodations and Services Form



**Marshall B.
KETCHUM UNIVERSITY**
University Student Affairs

To request accommodations at MBKU, complete this form and submit documentation of your disability to Student Disability Services (SDS). MBKU usually will require the completion of a Disability Verification Form by a qualified professional currently treating the student. Please submit all required materials by email to studentaffairs@ketchum.edu.

A review of your request for accommodations will begin when SDS, within University Student Affairs, has received this form and supporting documentation. The review process can take up to 3 weeks. SDS will contact you during that time to schedule a meeting to discuss your application and finalize a decision regarding your eligibility for accommodations.

SDS welcomes the opportunity to meet with you to discuss your application and accommodations as they relate to your specific program at MBKU. If you have any questions regarding the status of your request or additional information to provide, please do not hesitate to contact SDS at studentaffairs@ketchum.edu.

All information provided to SDS will be kept confidential in accordance with the law. Documentation of a student's disability is maintained in a confidential file in University Student Affairs. It is considered part of your education record and protected under FERPA, but it is securely stored, separate from your academic record.

PERSONAL INFORMATION

Full Legal Name: _____ Today's Date: _____

Preferred Name: _____ Pronouns: _____

Program: _____ Class Year: _____

Email: _____ Preferred Phone: _____

Student ID #: _____

If you are not a registered MBKU student, indicate your anticipated start date:

How were you referred to Student Disability Services (SDS)?

Are you a Veteran? Yes No

DISABILITY INFORMATION *With respect to any disability for which you seek accommodation(s):*

Specify disabilities or conditions (check all that apply):

- Learning Disabilities (e.g., SLD, Dyslexia)
- Psychological/Mental/Behavioral Health Conditions (e.g., ADHD, GAD, MDD)
- Chronic Health Conditions (e.g., IBS, DM, FMS, chronic migraines)
- Visual Impairments (including BV disorders)
- Mobility Impairments
- Other: _____
- I believe I have an undiagnosed disability and am requesting consultation with Student Disability Services

Provide specific information as to disability type (including nature, severity, and duration of the disability):

Please describe your disability and how it impacts you academically, in clinic, and/or daily activities (share information on anticipated barriers, i.e., academics, physical access, technology, etc.):



**DISABILITY
SERVICES**

Student Name: _____ Student ID #: _____

Are you requesting accommodations for a temporary disability? *Temporary disabilities refer to a short term period in which a person has a disability, for example, a broken leg, or a common health condition.* Yes No

What additional disability related information would you like to share with us?

ACCOMMODATION HISTORY:

If applicable, please provide information about your history of receiving accommodations. *Note: a history of accommodations, or lack thereof, does not necessarily predict the provision of accommodations at MBKU.*

Do you have a history of receiving accommodations? Yes No

If possible, please provide a copy of your previous accommodation plans or letter(s) with your documentation.

Previous college(s) and/or universit(ies) attended:

Previously approved disability-related accommodations:

ACCOMMODATION REQUEST:

Please specify what accommodations you are requesting. SDS will consider your request in light of your disability, as described in your documentation and other information provided, as well as the requirements of your specific academic program.

I am not requesting accommodations at this time but would like to register with Disability Services given the changing nature of my disability.

Testing Accommodations (e.g., extended time for scheduled examinations, "stop the clock" rest breaks, etc.):

Classroom Accommodations (e.g., seating arrangements, permission to record lectures, etc.):

Communication Accommodations (e.g., assistive listening devices):

Lab Accommodations (e.g., ergonomic equipment):

Clinical Accommodations (e.g., use of specialized equipment or scheduling):

Assistive technology:

Parking:

Other Accommodations:



Student Name: _____ Student ID #: _____

I understand that MBKU may require documentation to establish the existence of a disability and explain the need for an accommodation, and further, that my failure to provide sufficient documentation when requested may adversely affect my request for accommodations, including, but not limited to, denial of accommodations.

All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). SDS will release accommodation related information only to relevant Program administrators and faculty. These administrators and faculty are considered "need-to-know" in the execution of approved Student Disability Services accommodations.

By signing below, I certify that all the information provided in this document is true and correct to the best of my knowledge.

STUDENT SIGNATURE

DATE



**DISABILITY
SERVICES**