



Disability Services Office

## ***Application for Accommodations & Services***

### **Office Hours**

Monday through Friday 8:30am – 4:30pm  
Other appointment times available upon request.

### **Location and Access**

The Academic Success and Advising Center is located in the Harris & Betts Smith Learning Center (also known as the “Library Annex”).

There are designated handicapped parking spaces directly adjacent to the Harris and Betts Smith Learning Center as well as a suitable ramp leading to the main doors. Unfortunately, neither the building doors nor the Academic Success and Advising Center Office Suite doors are equipped yet with automatic door openers; however, assistance can be obtained by dialing 908-852-1400, extension 2152.

### **Privacy**

Information provided to the Disability Services Office (DSO) is considered confidential. Under the Family Educational Rights Privacy Act (FERPA), all information derived from communication with you or through your educational records will be held in strict confidence unless released by you through the Registrar’s office.

### **Process to receive Accommodation(s)**

1. Complete this application.
2. Submit supporting documentation to verify functional limitations imposed by the disability(ies) that you identified in the application. Please refer to the Documentation Guidelines at the end of this application to help you obtain appropriate documentation.
3. DSO staff will review your application and documentation and discuss your disability-related accommodation needs with you.
4. **DSO will contact you to inform you of the decision about accommodations based on your application.** Notification will be sent to your Centenary email address, unless determined in a face-to-face meeting.

\*Note: Timely submission allows DSO to work with you in planning effective academic accommodations.

\* If students require assistance with the accommodative process, they should inform the Director of Disability Services

### **Contact information**

E-Mail: [dso@centenaryuniversity.edu](mailto:dso@centenaryuniversity.edu)

Phone: 908-852-1400 x 2152

Fax: 908-979-4277



Disability Services Office

**Application for Accommodations & Services**

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

**Phone #:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Please indicate your disability type(s) and submit documentation for each.

- Learning Disability
- Attention Deficit Disorder/ADHD
- Chronic Medical Condition Please specify: \_\_\_\_\_
- Physical / Mobility Please specify : \_\_\_\_\_
- Psychiatric/Emotional Please specify: \_\_\_\_\_
- Blind / Low Vision
- Deaf / Hearing Impaired
- Autism Spectrum
- Speech/Language
- Brain Injury/Post-concussion syndrome
- Other (Please describe): \_\_\_\_\_

Please check all that apply.

- I use a wheelchair.
- I use an assistive mobility device. \_\_\_brace(s) \_\_\_crutches \_\_\_cane \_\_\_ prosthesis
- I have difficulty standing for long periods.
- I tire easily when I walk a distance.
- I have difficulty walking up/downstairs.
- I require evacuation assistance.
  - Describe your need: \_\_\_\_\_
- I wear a hearing aid.
- I need captioning services.
- I have a cochlear implant.
- I need to read lips of instructors.
- I rely on sign-language interpreting services.
- I have difficulty reading the blackboard.
- I have difficulty taking notes in class.
- I have difficulty writing.
- I utilize assistive technology. Please specify: \_\_\_\_\_



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Please check all the accommodations you are requesting.

Note: Checking an accommodation does not guarantee you will receive it, you will only receive reasonable accommodations with documentation to support them.

Testing Accommodations

Table with 2 columns: checkbox, accommodation type. Rows include: Extended time for testing x 1.5 or 2.0, Distraction-reduced testing environment, Exams read aloud by computer software when requested, Use of word processing program for essay/short answer exam questions, Exam directions read aloud and clarified as requested, Spell check device or spelling not counted for exams/quizzes when appropriate, Use of calculator for exams when appropriate, Enlarged exams/quizzes as requested, Other (Please list)

Classroom Accommodations

Table with 2 columns: checkbox, accommodation type. Rows include: Note-taking services, Permission to record lectures / classes, Permission to use laptop for note-taking in class, Assistive listening devices, Captioning Services, Frequent Restroom Breaks, Preferential classroom seating, Accessible classrooms (First floor or accessible by elevator), Sign-language interpreter, Other (Please list)

Print Based Accommodations

Table with 2 columns: checkbox, accommodation type. Rows include: Texts in alternate format: audiobooks electronic versions of textbooks, Enlarged class materials as requested, Braille, Other (Please list)

Other Accommodations

Table with 2 columns: checkbox, accommodation type. Rows include: Flexible Attendance, Flexible Deadlines, Emotional Support Animal, Other (Please list)

\*\*\*For Housing Accommodation Requests, please complete the Application for Housing Accommodations which will be sent to you upon request.\*\*\*



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**Briefly describe why you are requesting the above accommodation(s) and how it will help you in a learning environment.**

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**Please list services / accommodations you currently receive or have received at previously attended schools.**

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**Do you currently work with an agency or organization?**

- Department of Vocational Rehabilitation
- Commission for the Blind
- National Association for the Deaf
- Other: Please specify \_\_\_\_\_

\*\*\*\*Please attach supporting documentation to verify functional limitations imposed the disability that you have identified in this application.\*\*\*\*

\*\*\*\*\*Please see documentation guidelines on the next page.\*\*\*\*\*



## Disability Services Office

### Documentation Guidelines

Please attach a copy of official documentation describing your disability with this form or return this form and forward the documentation to the address below as soon as possible. For more specific documentation guidelines please see the DSOs Handbook of Policies and Procedures.

For a **Learning Disability**, please send a recent (no more than three years old) psycho-educational or psychological (whichever applies) report and an IEP, LOA or 504 Plan.

For an **Attention Deficit Disorder**, a diagnosis must be made by a physician or clinical psychologist. Please have the professional who diagnosed you forward the result of the tests that support this diagnosis to us.

For a **Psychological Disability**, please send a recent psychological evaluation that states a diagnosis. Ideally, this will also include any effects on learning and any recommended accommodation.

For a **Physical Disability or Chronic Medical Condition**, please send medical documentation stating your disability and any limitations you may have as a result.

For a **Hearing Impairment**, please send a copy of your most recent (within two years) audiogram and include any limitations or necessary accommodations.

For a **Visual Impairment**, please send a copy of your most recent eye exam results.

**For another disability not listed above, please have your physician or other appropriate professional send us a short letter of verification.** If possible, the letter should specify the diagnosis or type of disability, date of onset, prognosis (if applicable), and necessary accommodations.

**If you require more specific information or further detail please contact the Disability Services Office.**