



UNIVERSITY OF MISSISSIPPI
STUDENT DISABILITY SERVICES

Office Use Only
Date: _____
UM ID#: _____
Admitted?: _____

Student Request for Reasonable
Accommodations/Modifications
Intake Application

Date: ____ / ____ / ____

UM ID#: _____

Personal Information

Student Name: _____

Date of Birth: ____ / ____ / ____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Student Phone #: _____ Home Phone #: _____

Email Address: _____ @go.olemiss.edu

Disability Related Information (THIS SECTION MUST BE COMPLETED FULLY)

Disability Category (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Other Physical |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Neurological | |

Specific Diagnosis/(es): _____

Specific Accommodations Requested (**Accommodations Requested MUST be included**):

Type of Documentation Submitted: _____

Academic Information

Are you admitted to the University of Mississippi? Yes No

Academic Status (please check one):

Incoming Freshman/Transfer (Anticipated date of enrollment) _____ / _____ / _____

- Freshman Senior
- Sophomore Graduate
- Junior Law

Verification Information

It may be necessary to contact a student’s parents, legal guardian and/or health care professional during the verification process. Please indicate below whom we may contact on your behalf:

- You may contact my parents or legal guardian
- You may contact my healthcare profession
- Do not contact anyone on my behalf

By signing below I am acknowledging that I am allowing or not allowing SDS to contact those listed above. **I understand that this permission extends to the verification process *only*.**

Student Signature: _____ Date: _____

Disclosure Information

By completing and signing this intake application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While the Office of Student Disability Service will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer, depending upon the comprehensiveness and currency of the documentation submitted.

All information submitted to this office is to be completely confidential and used only for the purposes of verification and in connection with this institution’s commitment and obligation to students with disabilities.

By signing below, you confirm that you have read (or have had read to you) and understand this document.

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____



UNIVERSITY OF MISSISSIPPI STUDENT DISABILITY SERVICES

Documentation Guidelines

The University of Mississippi supports both the letter and the spirit of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. As such, the documentation requirements used by Student Disability Services (SDS) are holistic in nature and value the unique experiences and history of each individual student. Accommodations are provided based on the impact of a disorder, not only on the diagnosis of a disorder.

Types of information considered include, but are not necessarily limited to, student self-report, doctor's letters and medical reports, psycho-educational evaluations, SDS staff member observations, IEPs, 504 Plans, and other educational/teacher generated reports.

In general, we are looking for the following information:

1. A **diagnostic statement** that identifies the student's disorder or disability.
2. A **detailed narrative** that describes the impact of the diagnosed disorder(s) on the student's functioning in the classroom and other environments.
3. A summary of **diagnostic procedures** used to diagnose the disorder, including but not limited to, evaluations, questionnaires, and other diagnostic instruments.
4. Description of **expected prognosis or progress** of diagnosed disorder (stability, fluctuations, etc).
5. Information recent enough to show the student's **current functioning**. Recency will be determined on a case-by-case basis depending on the individual disorder, the history of the disorder and other factors as may be determined by SDS staff members.
6. **Student's age** at initial diagnosis.
7. **Current medication use**, if applicable, and **impact** medication may have on student's functioning.
8. **History of accommodations used**, academic adjustments and auxiliary aids, if applicable.
9. **Recommendations/requests for accommodations**, academic adjustments and auxiliary aids.

10. A **clear connection** between the recommended/requested accommodation(s) and the impact of the diagnosed disorder(s).

Additional information may be required on a case-by-case basis depending on the student's diagnosis, accommodations requested by the student, the student's academic program and other factors as may be determined by SDS. The need for additional, external documentation will be decided after SDS conducts an in-depth initial interview with the student and reviews all information initially submitted by the student.

External medical, psychological, and psycho-educational documentation must be completed by a licensed professional who is qualified to evaluate and diagnose the student's disorder(s). The name, title and licensure or certification number of the evaluating professional should be included. In addition, all reports should be typed or printed on professional letterhead, dated and signed. Medical and/or psychological testing/documentation administered by a family member will not be accepted.

Determination of Reasonable Accommodations

Accommodations are approved on a case-by-case basis depending on the impact of the student's diagnosed disorder(s) and the reasonableness of the request. Reasonable accommodations are determined using the following analysis:

1. The accommodation is directly related to the impact or functional limitations caused by the diagnosed disorder.
2. The accommodation is not of a personal nature.
3. The accommodation is necessary to provide equal access to the student.
3. The accommodation does not lower academic or program standards.
4. The accommodation does not fundamentally alter the essential elements of the course, program or activity.
5. The accommodation does not present an undue financial or administrative burden on the university.
6. The accommodation does not pose a threat to the health or safety of the student or others.

Examples of accommodations that may be considered *unreasonable* at the post-secondary level include, but are not limited to: transportation around campus, unlimited time on testing, ability to retake a test after the test has been graded, tutoring, and a decrease in the amount of work required in a class.

Disclaimer

Please note that documentation acceptable for accommodations at the University of Mississippi may not be acceptable in other environments. The process and criteria used by the University of Mississippi to determine accommodations may be different than that required by another university or by a testing or certification agency. Please research carefully the documentation requirements of different schools and testing/certification agencies so you know, in advance, what information you may be required to submit before accommodations will be provided.

Contact Information

If you have any questions regarding our documentation guidelines, or need to submit documentation to us, please do not hesitate to contact us:

Student Disability Services
234 Martindale
University, MS 38677

Telephone: 662-915-7128
Fax Number: 662-915-5972
Email Address: sds@olemiss.edu