CHADRON STATE COLLEGE
REQUEST FOR DISABILITY SERVICES

Completion of this form is voluntary. However, if voluntary disclosure and documentation of disability are not provided by the student, Chadron State College will be unable to offer accommodation(s). All information provided through the completion of this form is confidential and will not be used to discriminate in any manner.

INSTRUCTIONS

- **Complete, sign, and date this Disability Services Request form**
- **Attach required written documentation**
- **Return the completed form and required documentation to the Disability Services Coordinator**

I nave been diagnosed with a physical or mental impairment, or with a chronic condition, that substantially limits and significantly affects my daily life. I am self-identifying and requesting accommodation under the Americans with Disabilities Act (ADA) as amended in 2008 and Section 504 of the Rehabilitation Act of 1973. ***I understand I need to provide written documentation of my disability that will be reviewed by the Disability Services Coordinator to determine if I am eligible for disability services and reasonable accommodation.***

Student's Printed Legal Name NUID

Student's Signature Date

This section to be completed by the Chadron State College Disability Services Coordinator

Date received:

_____Disability Services Request Form

_____Written documentation (indicate what was provided)

_____Individual Educational Plan (IEP) no more than 4 years old

_____504 Plan

_____ Disability Services Documentation Form

_____ Letter from a clinician providing diagnosis and limitations

DISABILITY INFORMATION

1. What is your disability diagnosis? _____

_____

2. Date, grade, or approximate age when your disability(ies) was (were) first diagnosed: _____

_____

3. Do you take medications related to your disability? Circle: Yes No

If yes, list medications: _____

_____

4. Describe your condition and how it impacts your daily life: _____

_____

_____

_____

5. Describe how your condition impacts your daily life as a student: _____

_____

_____

_____

6. Have you used accommodations previously? Circle: Yes No

If yes, where: _____

If yes, what accommodations were approved and used: _____

_____

_____

_____

7. What accommodations do you feel you would need to be academically successful at CSC? Specifically

list the accommodations you are requesting._____

_____

_____

_____

8. If you use assistive technology or devices, please list them:_____

_____

_____

9. If you have special housing needs, please list them: _____

_____

_____

_____

10. If you have other needs you wish to seek accommodations for, please list them:_____

_____

_____

REQUIRED WRITTEN DOCUMENTATION

A student requesting reasonable accommodations is responsible for providing documentation from a qualified professional that clearly identifies the student's disability and the manifestations of that disability. Examples of acceptable documentation may include, but are not limited to, a statement of disability from a qualified physician, medical provider, psychologist, psychiatrist, or mental health professional, or a copy of the student's Individualized Educational Program (IEP), Multi-Disciplinary Team Report (MDT), or 504 Plan from high school. Please contact us if you have questions regarding the documentation requirements.

Please return this form and the required documentation to Disability Services Coordinator,
Library Learning Commons Room 201, Chadron State College, 1000 Main Street, Chadron, NE 69337
Phone: (308) 432-6467; Fax: (308) 432-6409
equalaccess@csc.edu