



Groups and Affiliations you are working with:
 Oregon Commission for the Blind
 Oregon Vocational Rehabilitation
 Veterans Affairs
 Student Enrichment Program (SEP)
 InCight

Disability Information

What is your disability (check all that apply):

- ADD or ADHD
- Deaf
- Hard of Hearing
- Learning Disability
- Psychological
- Visual
- Aspergers
- Autism
- Diabetes
- Orthopedic
- Seizures
- Head Injury
- Speech
- Tourettes
- Cerebral Palsy
- Other (please be specific):

Please list the functional limitations of your disability in an academic setting:

Support services you are requesting at this time (check all that apply):

- Books in Alternative Format
 - E-Text
 - Braille
 - Alternative Testing
 - Extra time 1.5x
 - Extra time 2.0x
 - Quiet Location
 - Room alone
 - Scribe
 - Reader
 - Classroom access
 - Calculator
 - Computer
 - Wheelchair access
 - CCTV
 - Classroom materials-alternative format
 - In class service animal
 - Chair
 - Table
- _____
- _____
- _____
- Deaf/ Hard of Hearing Services
 - FM System
 - Interpreting
 - Typewell Transcribing
 - Accessible Audio/Video Materials
 - Notetakers
 - Lab Assistant
 - Priority Registration
 - Other (Please be specific):

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Outline of Documentation:

All documentation should be typed on professional letterhead and signed by the professional. Documentation should include the following:

Diagnosis: A specific diagnosis of each disability that will affect a student while pursuing an education.

Functional Limitations: Those limitations which will impact the student's ability to ambulate, process information, or access the University and its programs. Functional limitations should be specific to the student and their needs.

Tests administered to determine the extent of the disability and the functional limitations.

Medications: If any medications are used to treat a specific disability, those should be listed with the side effects that they have on the student.

Recommendations: If the professional has any specific recommendations that he or she would like the ODS to consider when making reasonable accommodation, please include these recommendations.

Please send or fax documentation to:

Malissa B. Larson, Director
Office of Disability Services
Western Oregon University
345 N. Monmouth Ave., APSC 405
Monmouth OR 97361
503-838-8250 (V/TTY)
503- 838-8721 (Fax)

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RECOMMENDED DOCUMENTATION FOR SPECIFIC DISABILITIES

Deaf and Hard of Hearing:

Audiogram and/or audiologist's report documenting a hearing loss that necessitates support services in order to participate in classes or activities.

Visual Impairment:

Provide a report from ophthalmologist documenting need for an accommodation other than corrective lenses.

Psychological Disability:

Present a diagnosis from DSM IV indicating functional limitations and how this disability affects your ability to function as a university student in a learning environment.

Medical Disability:

Provide documentation of disease or impairment from appropriate specialist, which lists your functional limitations.

Attention Deficit Disorder:

You need to supply documentation regarding the onset, longevity and severity of symptoms as well as a description of functional limitations on your educational achievement.

Note: See "Outline of Documentation" on reverse side of this paper.