

GRADUATE APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow **at least two weeks** for Disability Services (DS) to review your application and supporting documentation. **Please note that your application cannot be reviewed until documentation is received.** Documentation Guidelines are available in the DS office and online at www.health.columbia.edu/ods. Please also note that a separate application and guidelines are available for housing accommodations. After DS has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact DS if you have questions regarding the DS registration process.

Section I: Student Information

Name: _____

Today's date: _____

UNI: _____

Date of Birth: _____ Gender: _____

Permanent Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Campus or Local Address: _____

Phone # (Cell): _____

Phone # (Permanent): _____

Columbia E-mail Address (If Available): _____

Other E-mail Address: _____

In case of emergency, whom may we contact on your behalf?

Name: _____

Phone: _____

Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Relationship: _____

Section II: Academic Information

School: _____

Major/ Program: _____

Enrollment at Affiliate Institution (JTS or Union): _____

First Semester at Columbia: _____

Anticipated Graduation Date: _____

Please briefly describe your program. Be sure to include information about fieldwork, clinical or laboratory components, comprehensive examinations, a thesis/dissertation, or other requirements that may impact your disability or need for accommodations:

Section III: Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in University life.

1. Please indicate your disability category(ies). Check all that apply:

- Learning Disability
- Attention Deficit/Hyperactivity Disorder (AD/HD)
- Chronic Medical Condition
- Physical Disability (mobility impairment)
- Psychiatric Disability (psychological or mental illness)
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Substance Abuse (Recovery)
- Traumatic Brain Injury
- Temporary Injury/Condition
- Undiagnosed Condition

➤ Please describe: _____

- Other

➤ Please specify: _____

2. Specify the diagnosis or type of disability based on the category above:

3. Please identify what major life activity(ies) is affected by your condition(s):

4. What mitigating measures have you used to address your condition(s). Mitigating measures are any device, treatment or medication, assistive technology, reasonable accommodations, and/or compensatory strategy that reduces the impact of disability.

5. In comparison with the average person in the general population, please rate how your major life activity(ies) is affected by your condition(s) both with and without mitigating measures:

With Mitigating Measures

- Mild
- Moderate
- Substantial
- Severe

Without Mitigating Measures

- Mild
- Moderate
- Substantial
- Severe

6. Please check all that apply:

- I use a wheelchair.
- I use assistive mobility devices (braces, crutches, cane, or prosthesis).
- I wear a hearing aid.
- I need to read lips of instructors.
- I rely on sign-language interpreting services.
- I need speech-to-text services.
- I have difficulty reading the blackboard.
- I have difficulty taking notes in class.
- I have difficulty writing.
- I have difficulty standing for long periods of time.
- I tire easily when I walk distances.
- I have difficulty walking up/down stairs.
- I utilize assistive technology.
- Please describe any other mobility or disability related difficulties you are currently

experiencing: _____

7. Are you currently taking any medication related to your disability or medical condition?

Yes No (circle one)

If yes, list all of the medications you are taking: _____

If yes, please also list any side-effects of the medications that you are taking and their positive and negative impact on your academic/cognitive abilities and/or other activities: _____

8. Please check all of the reasonable accommodations that you are requesting:

- Testing Accommodations
 - Extended time for testing:
 - Amount Requested: _____
 - Smaller proctored environment
 - Reader for exams
 - Scribe for exams (answer recorded or written for student)
 - Use of computer for exams
 - Use of spell-check device for exams (when appropriate)
 - Use of calculator for exams (when appropriate)
- Classroom Accommodations
 - Note-taking services
 - Class notes and other materials in an alternate format
 - Please specify: _____
 - Permission to tape record lectures/classes
 - Preferential classroom seating
 - Accessible classroom and furniture
- Communication Accommodations
 - Sign-language interpreters
 - Assistive listening devices
 - Speech-to-text Services (Captioning)
- Other Accommodations
 - Assistive technology
 - Please specify: _____
 - Textbooks in an alternate format
 - Course substitution
 - Please specify: _____
 - Elevator and lift access
 - Please specify location(s): _____
 - Locker on campus
 - Please specify location: _____

- Other Accommodation(s)
 - Please specify: _____

9. Briefly describe why you are requesting the above accommodations:

10. Please list any services/accommodations you received as an undergraduate or at any previously attended school: (Please note that while such services do not necessarily carry over to your current program, the information is helpful to give DS background information on your disability-related needs.)

Institution: _____ Years Attended: _____

Accommodation(s) Received: _____

Institution: _____ Years Attended: _____

Accommodation(s) Received: _____

Section IV: Referral Information

Please indicate how you heard about Disability Services:

- | | |
|--|--|
| <input type="checkbox"/> Athletics Department/ Jackie Blackett | <input type="checkbox"/> Friend or Family Member |
| <input type="checkbox"/> Academic Advisor/Dean | <input type="checkbox"/> Primary Care Medical Services |
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Professor/ TA |
| <input type="checkbox"/> Columbia Website | <input type="checkbox"/> Self |
| <input type="checkbox"/> Counseling and Psychological Services (CPS) | <input type="checkbox"/> Other: specify _____ |

Section V: Agency Information

Do you receive services from any of the following agencies?

- Vocational Rehabilitation Services
 - Specify State and Agency: _____
- Veterans Administration (VA)
- Other: _____

If yes, please provide the following information:

Counselor's name: _____

Office Address or Location: _____

Services currently receiving from agency: _____