



Disability Resources

**Accommodation Request Form for Current and Incoming Students**

The Americans with Disabilities Act as amended defines disability as a physical or mental impairment that substantially limits one or more major life activities. To request and receive accommodations at SOU, students must register with the Disability Resources office at SOU. In order to evaluate how the University can best meet a qualifying student’s need for accommodation, Disability Resources requires specific diagnostic information from a qualified, licensed professional or health care provider operating within their scope of practice and licensure. This professional/provider should be familiar with the history and functional limitations of the student’s condition(s). **All pages must be completed and returned.**

- The student should complete all student sections before giving the entire packet to the health care professional/provider to complete the remaining pages.
- In lieu of this form, a recent (completed as an adult) psychoeducational or neuropsychological evaluation, including test scores, may be submitted.
- A 504 or IEP plan that has been revised in the past 3 years may be submitted for reference, but may not fulfill complete documentation requirements.
- Visual or hearing loss documentation must include an acuity and/or audiology report that addresses the current impact of the disability. Information about the specific assistive technology used by the student is also requested.

Please submit this form by mail, fax, or email:

Southern Oregon University Attn: Disability Resources  
 1250 Siskiyou Blvd. Ashland, OR 97520  
 Fax: 541-552-8462  
 Email: [dr@sou.edu](mailto:dr@sou.edu)

**Student Completes This Section—Please Print or Type**

If you have questions about completing this form please call our office at 541-552-6213, ext. 2 or email [dr@sou.edu](mailto:dr@sou.edu)

Student Name: \_\_\_\_\_ SOU Student ID (if unknown, leave blank): \_\_\_\_\_

Student Contact Phone Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

**Important: In addition to this form, the student must complete an online registration form for Disability Resources**

**The registration form must be completed prior to the student’s intake appointment with Disability Resources. The form is located on the DR webpage through the "Register" link at: <https://inside.sou.edu/dr/prospective.html>**

**Functional Limitations Assessment: Student AND Medical/Health Care Provider Complete**

A **functional limitation** is a reduction, as a result of a substantial physical or mental impairment, in the ability to perform tasks typical of the educational environment. While limitations may result from, or be compounded by, other factors, such as lack of transportation, other demands on the individual’s time and resources, or previous educational background, these factors cannot be the basis of determining the functional limitation.

**IMPORTANT NOTE:** Student completes this section of the form **first** by checking the boxes for each applicable limitation. Health Care providers (HCP) initial those functional limitations with which they agree, based on their clinical assessment and judgement. **Both parties, please identify all functional limitations the student experiences specifically due to their disability.**

**SOCIAL/EMOTIONAL (Not applicable )**

Social/emotional functional limitations are related to significant difficulties establishing and maintaining relationships in multiple settings or may detract from the individual’s performance in academic and living environments.

**Condition significantly restricts ability to:**

- Effectively read social or nonverbal cues (e.g. following classroom protocols) ..... Yes  HCP initial \_\_\_\_\_
- Regulate emotions while interacting with others ..... Yes  HCP initial \_\_\_\_\_
- Regulate emotions safely when alone (e.g., residence hall living) ..... Yes  HCP initial \_\_\_\_\_
- Complete academic tasks while being evaluated (e.g., exams, observations) ..... Yes  HCP initial \_\_\_\_\_
- Respond to changes in classrooms, assignment deadlines, class schedules ..... Yes  HCP initial \_\_\_\_\_
- Participate in group or lab activities with peers (i.e., partner or small group work) ..... Yes  HCP initial \_\_\_\_\_
- Comments relative to social/emotional functional impairments:

**COGNITIVE (Not applicable )**

Cognitive functional impairments are related to significant difficulties in appraising problems; formulating and initiating action; encoding, storing, and retrieving information from memory; as well as maintaining focus.

**Condition significantly restricts ability to:**

- Recall information after a delay/long-term memory (e.g., recall information during an exam) ..... Yes  HCP initial \_\_\_\_\_
- Short-term memory (e.g., recalling the beginning of a conversation or what was just read) ..... Yes  HCP initial \_\_\_\_\_
- Hold & manipulate information/working memory (e.g., listen to lecture and summarize in notes) . Yes  HCP initial \_\_\_\_\_
- Complete series of closely-scheduled academic tasks scheduled (e.g., several assignments in a week, multiple exams in a day) ..... Yes  HCP initial \_\_\_\_\_
- Complete a timed academic task (e.g., timed exam) ..... Yes  HCP initial \_\_\_\_\_
- Complete academic tasks on time when given advance notice ..... Yes  HCP initial \_\_\_\_\_
- Process information presented in written form ..... Yes  HCP initial \_\_\_\_\_
- Process verbally presented information ..... Yes  HCP initial \_\_\_\_\_
- Interpret and follow multistep directions ..... Yes  HCP initial \_\_\_\_\_
- Maintain focus on tasks/exams in a setting with visual distractions ..... Yes  HCP initial \_\_\_\_\_
- Maintain focus on tasks/exams in a setting with auditory distractions ..... Yes  HCP initial \_\_\_\_\_
- Organize, sequence, and prioritize academic tasks ..... Yes  HCP initial \_\_\_\_\_
- Plan and set goals to meet deadlines ..... Yes  HCP initial \_\_\_\_\_



Disability Resources

- Read for up to 3 hours with reasonable comprehension ..... Yes  HCP initial \_\_\_\_
Complete cognitively straining tasks for up to 3 hours..... Yes  HCP initial \_\_\_\_
Maintain focus for up to 3 hours (e.g., lectures or exams) ..... Yes  HCP initial \_\_\_\_
Comments relative to cognitive functional impairments:

SENSORY (Not applicable )

Sensory functional impairments are related to significant difficulties in the sensation and/or interpretation of external stimuli.

Condition significantly restricts ability to:

- See the whiteboard/projector in a medium-size lecture hall ..... Yes  HCP initial \_\_\_\_
Read 12-point font on a computer screen or paper ..... Yes  HCP initial \_\_\_\_
Locate information efficiently on a printed page ..... Yes  HCP initial \_\_\_\_
Hear professor in a lecture hall..... Yes  HCP initial \_\_\_\_
Hear other individuals in a small classroom setting (e.g., classroom discussion)..... Yes  HCP initial \_\_\_\_
Hear conversations in a setting with background noise ..... Yes  HCP initial \_\_\_\_
Hear one-on-one conversation in a relatively quiet setting ..... Yes  HCP initial \_\_\_\_
Comments relative to sensory functional impairments:

PHYSICAL (Not applicable )

Physical functional impairments are related to significant difficulties with gross or fine motor movements; these difficulties may be specific to duration and intensity of the activity.

Condition significantly restricts ability to:

- Lift, carry, reach overhead, twist, bend, and/or kneel (gross motor movement) ..... Yes  HCP initial \_\_\_\_
Walk to/from/between classes with backpack and books/computer (less than a mile)..... Yes  HCP initial \_\_\_\_
Handle and manipulate small objects (fine motor movement)..... Yes  HCP initial \_\_\_\_
One hand: Dominant  HCP initial \_\_\_\_
One hand: Non-dominant  HCP initial \_\_\_\_
Both hands  HCP initial \_\_\_\_
Handwrite for up to 3 hours ..... Yes  HCP initial \_\_\_\_
Sit for up to 3 hours (e.g., in class) ..... Yes  HCP initial \_\_\_\_
Stand for up to 3 hours (e.g. labs, field work) ..... Yes  HCP initial \_\_\_\_
Comments relative to physical functional impairments:

COMMUNICATION (Not applicable )

Communication functional impairments are related to significant difficulties with effectively exchanging information through spoken words or concepts. These may exist because of physical, sensory, emotional, or cognitive impairments.

Condition significantly restricts ability to:

- Organize and communicate ideas in written form ..... Yes  HCP initial \_\_\_\_
Organize and communicate ideas verbally ..... Yes  HCP initial \_\_\_\_
Present orally to a group or class ..... Yes  HCP initial \_\_\_\_



Disability Resources

Participate in discussions in large classes ..... Yes  HCP initial \_\_\_\_\_

Participate in small group or lab activities ..... Yes  HCP initial \_\_\_\_\_

Comments relative to communication functional impairments:

ATTENDANCE/COMPLETION (Not applicable )

Attendance/completion functional impairments are related to significant difficulties with effectively and efficiently sustaining physical, cognitive, and/or psychological demands of academic work. Limitations may be due to physical disability, stamina/fatigue, effects of medication, or mental health factors.

Condition significantly restricts ability to:

Attend class regularly ..... Yes  HCP initial \_\_\_\_\_

Approximately how many days has student missed in previous term?

- 1-3 days
 4-7 days
 8-14 days
 15-21
 Unknown or new diagnosis

Complete all scheduled academic tasks on time ..... Yes  HCP initial \_\_\_\_\_

Approximately how many days has student been unable to complete course work in previous term?

- 1-3 days
 4-7 days
 8-14 days
 15-21 days
 Unknown or new diagnosis

Complete a full-time course load (12 credits or more) ..... Yes  HCP initial \_\_\_\_\_

Arrive on time for classes, given a 10-minute window between ..... Yes  HCP initial \_\_\_\_\_

Comments relative to attendance/completion functional limitations:

\*\*Does this student require assistance in evacuating in case of an emergency? (Consider both residence hall living, if applicable, and other campus setting such as classes.) If so, please describe:



Disability Resources

**Medical/Health Care Provider Completes This Section—Please Print or Type**

STUDENT’S NAME: \_\_\_\_\_

To determine eligibility for accommodations while attending Southern Oregon University, Disability Resources requires current and comprehensive documentation of the student’s condition. This documentation must come from a licensed clinical professional or health care provider familiar with the history and functional limitations of the student’s condition(s). **The provider completing this form cannot be a relative or guardian of the student.**

Additional information about completing the form:

- **ALL items must be completed in full.**
- If the space provided is not adequate, please attach a separate sheet of paper.

In lieu of this form, a recent (completed as an adult) psychoeducational or neuropsychological evaluation may be submitted.

**Please respond to the following items regarding the above named student:**

1. What is the student’s primary medical condition/diagnosis? Please include DSM-V or ICD code(s)

2. Does this disorder **substantially** limit the student?  Yes  No

Level of severity  Mild  Moderate  Severe

Duration:  Temporary-Indicate anticipated recovery date: \_\_\_\_\_  Permanent

Chronic/Recurring  Episodic

Date of diagnosis:

Date of initial contact with student:

Most recent contact with student:

If the student has secondary medical conditions/diagnoses, please list diagnosis, including DSM/ICD code, and describe level of severity and duration:

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3. Describe the symptoms (functional limitations and/or barriers/impacts) related to the student’s condition that cause **significant** impairment in a major life activity.

4. How will the student manage these symptoms (functional limitations and/or barriers/impacts) in other campus environments? (i.e. dining hall, library, housing...)



Disability Resources

5. For episodic conditions, how frequent are the episodes, and what is their duration?

6. Are there any significant limitations to the student’s functioning directly related to currently prescribed medications?  Yes  No If yes, please describe:

The provider may also send a report that provides additional related information.

Please indicate if, further supporting documentation is attached or will be sent

The provider completing this form cannot be a relative of the student.

Provider Verification and Contact Information:

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Please Print

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit this form by mail, fax, or email:

Mail: Southern Oregon University
Disability Resources
1250 Siskiyou Blvd.
Ashland, OR 97520

Fax:(541) 552-8462 Email: dr@sou.edu

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