



Disability Services Office

Application for Accommodations & Services

Office Hours

Monday through Friday 8:30am – 4:30pm
Other appointment times available upon request.

Location and Access

The Academic Success and Advising Center is located in the Harris & Betts Smith Learning Center (also known as the “Library Annex”). There are designated handicapped parking spaces directly adjacent to the Harris and Betts Smith Learning Center as well as a suitable ramp leading to the main doors. Unfortunately, neither the building doors nor the Academic Success and Advising Center Office Suite doors are equipped yet with automatic door openers; however, assistance can be obtained by dialing 908-852-1400, extension 2168.

Privacy

Information provided to the Disability Services Office (DSO) is considered confidential. Under the Family Educational Rights Privacy Act (FERPA), all information derived from communication with you or through your educational records will be held in strict confidence unless released by you through the Registrar’s office.

Process to receive Accommodation(s)

1. Complete this application.
2. Submit supporting documentation to verify functional limitations imposed by the disability(ies) that you identified in the application. Please refer to the Documentation Guidelines at the end of this application to help you obtain appropriate documentation.
3. DSO staff will review your application and documentation and discuss your disability-related accommodation needs with you.
4. DSO will contact you to inform you of the accommodations that have been approved. Notification will be sent to your Centenary email address, unless determined in a face-to-face meeting.

*Note: Timely submission allows us to work with you in planning effective academic accommodations.

Contact information

E-Mail: dso@centenaryuniversity.edu

Phone: 908-852-1400 x2168

Fax: 908-979-4277



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Name:

Date:

Student ID #:

Phone:

Please indicate your disability type(s) and submit documentation for each.

- Learning Disability
- Attention Deficit Disorder/ADHD
- Chronic Medical Condition Please specify:
- Physical / Mobility Please specify :
- Psychiatric/Emotional Please specify:
- Blind / Low Vision
- Deaf / Hearing Impaired
- Autism Spectrum
- Speech/Language
- Brain Injury/Post-concussion syndrome
- Other (Please describe):

Please check all that apply.

I use a wheelchair.

I use an assistive mobility device. brace(s) crutches cane prosthesis

I have difficulty standing for long periods.

I tire easily when I walk distances.

I have difficulty walking up/down stairs.

I require evacuation assistance.

Describe your need:

I wear a hearing aid.

I need captioning services

I have a cochlear implant.

I need to read lips of instructors.

I rely on sign-language interpreting services.

I have difficulty reading the blackboard.

I have difficulty taking notes in class.

I have difficulty writing.

I utilize assistive technology. Please specify:



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Please check all the accommodations you are requesting.

Note: Checking an accommodation does not guarantee you will receive it, you will only receive reasonable accommodations with documentation to support them.

Testing Accommodations

	Extended time for testing __1.5__2.0
	Exams read aloud by computer software when requested
	Use of word processing program for essay/short answer exam questions
	Exam read aloud and clarified as requested
	Spell-check device or spelling not counted for exams/quizzes when appropriate
	Distraction-reduced testing environment
	Use of calculator for exams when appropriate
	Enlarged exams/quizzes as requested
	Other (please list):

Classroom Accommodations

	Note-taking services
	Permission to record lectures/classes
	Permission to use laptop for note-taking in class
	Sign-language interpreter
	Assistive listening devices: __ FM system Other:
	Captioning services : C-Print Captioned Media Other:
	Frequent restroom breaks
	Preferential classroom seating
	Accessible classrooms (first floor or accessible by elevator)
	Other (please list):

Print Based Accommodations

	Texts in alternate format: __ audiobooks __ electronic versions of textbooks
	Enlarged class materials as requested
	Braille
	Other (please list):

Other

	Flexible attendance
	Flexible deadlines
	Assistance Animal (student accompanied by dog to class)
	Other (please list):

*For Housing Accommodation Requests, please complete the *Application for Housing Accommodations* which can sent to you upon request.



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Briefly describe why you are requesting the above accommodation(s) and how it will help you in a learning environment.

Please list services/accommodations you currently receive or have received at previously attended schools.

Do you currently work with an agency or organization?

Department of Vocational Rehabilitation

Commission for the Blind

National Association for the Deaf

Other: Please specify

Documentation Guidelines

Please attach a copy of official documentation describing your disability with this form or return this form and forward the documentation to the address below as soon as possible. For more specific documentation guidelines please see the DSOs Handbook of Policies and Procedures.

For a **Learning Disability**, please send a recent (no more than three years old) psycho-educational or psychological (whichever applies) report and an IEP, LOA or 504 Plan.

For an **Attention Deficit Disorder**, a diagnosis must be made by a physician or clinical psychologist. Please have the professional who diagnosed you forward the result of the tests that support this diagnosis to us.

For a **Psychological Disability**, please send a recent psychological evaluation that states a diagnosis. Ideally, this will also include any effects on learning and any recommended accommodation.

For a **Physical Disability or Chronic Medical Condition**, please send medical documentation stating your disability and any limitations you may have as a result.

For a **Hearing Impairment**, please send a copy of your most recent (within two years) audiogram and include any limitations or necessary accommodations.

For a **Visual Impairment**, please send a copy of your most recent eye exam results.

For another disability not listed above, please have your physician or other appropriate professional send us a short letter of verification. If possible, the letter should specify the diagnosis or type of disability, date of onset, prognosis (if applicable), and necessary accommodations.

If you require more specific information or further detail please contact the Disability Services Office.