



Disability Services Office

## **Application for Accommodations & Services**

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### **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](mailto:dso@centenaryuniversity.edu)

Phone: 908-852-1400 x2168

Fax: 908-979-4277



Disability Services Office

## Application for Accommodations & Services

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**

<input type="checkbox"/>	Extended time for testing <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0
<input type="checkbox"/>	Exams read aloud by computer software when requested
<input type="checkbox"/>	Use of word processing program for essay/short answer exam questions
<input type="checkbox"/>	Exam directions read aloud and clarified as requested
<input type="checkbox"/>	Spell-check device or spelling not counted for exams/quizzes when appropriate
<input type="checkbox"/>	Distraction-reduced testing environment
<input type="checkbox"/>	Use of calculator for exams when appropriate
<input type="checkbox"/>	Enlarged exams/quizzes as requested
<input type="checkbox"/>	Other (please list):

**Classroom Accommodations**

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

**Print Based Accommodations**

<input type="checkbox"/>	Texts in alternate format: <input type="checkbox"/> audiobooks <input type="checkbox"/> electronic versions of textbooks
<input type="checkbox"/>	Enlarged class materials as requested
<input type="checkbox"/>	Braille
<input type="checkbox"/>	Other (please list):

**Other**

<input type="checkbox"/>	Flexible attendance
<input type="checkbox"/>	Flexible deadlines
<input type="checkbox"/>	Assistance Animal (student accompanied by dog to class)
<input type="checkbox"/>	Other (please list):

\*For Housing Accommodation Requests, please complete the *Application for Housing Accommodations* which will be 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.

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

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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 you 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.**