



Reasonable Accommodations Form

This form should be completed by a qualified provider. This information will be used to determine eligibility for reasonable accommodations while attending University of Massachusetts Dartmouth. In order to qualify for accommodations under the Americans with Disabilities Act, the documentation must establish a specific disability that substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must support the request for accommodations and academic adjustments. Please complete all sections of this form thoroughly. Please attach additional information to this form as needed.

The Accessibility Committee is responsible for reviewing forms submitted for housing, dining, parking, emotional support animal, and other accommodations for students with diagnosed disability and accessibility needs. Please complete the following.

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State _____

Date of Birth _____ UMass ID# _____ Cell Phone _____

Year: entering first-year continuing first-year sophomore junior
 senior year graduate law

Reasonable accommodations are good for the current academic year, excluding academic. If you submit for the current term, you will need to re-submit for next academic year. We accept requests on a rolling basis.

Please mark which year this request is intended for: current academic year 23-24 next academic year 24-25

UMass E-mail _____

I give permission for a qualified provider to disclose and verify medical, disability, and accessibility information with employees of UMass Dartmouth.

This form is for documenting a student's disability in order to determine eligibility for services and resources. This form does not guarantee the approval of the requested accommodation. Before accommodations can be granted, all supporting documentation from a qualified provider must be on file with the Office of Student Accessibility Services.

For academic accommodations, a previous IEP or 504 Plan can be submitted as documentation for review. Please note, in some instances, not all requested accommodations are appropriate at the college level. Please see documentation guidelines for more information: <https://www.umassd.edu/accessibility/documentation-guidelines/>

Student Signature _____

ACCOMODATION INFORMATION

This section is to be completed by a qualified provider. Please print legibly or type responses.

1. Please provide date of first contact with the student. _____

2. Please state the specific diagnosed disability, including DSM coding if applicable.

3. What accommodations are you requesting for the student?
 academic dining housing parking emotional support/service animal other

Please give detailed information on the reasonable accommodation that is being requested.

4. Is the student/patient currently under your care? yes no
5. Is the student currently receiving medical care or counseling? yes no
6. If a disorder, what is the severity of the disorder mild moderate severe permanent temporary
Please describe response above:

7. What specific symptoms does the student have that may affect their academic performance?

8. Describe in detail how you evaluated and determined this diagnosis? What instruments or assessments were used?

9. Are there any significant limitations to the student's functioning directly related to the disability?

yes no

If yes, please describe in detail:

10. What medications and/or what therapies are the student receiving? How will this affect their university performance?

11. Please add any additional information or comments that might be helpful in planning support for the student.

Provider Printed Name _____ Date _____

Provider Signature _____

Title _____ License or Certification Number _____

Address _____ City _____ State _____

Office Phone _____ Office Fax _____

Please return completed form to the Office of Student Accessibility Services

Email: accommodation.requests@umassd.edu

Location: Pine Dale Hall, Room 7136

Fax: 508-910-6691

For questions please call 508-910-6820

THANK YOU FOR SUPPORTING OUR STUDENTS AT UNIVERSITY OF MASSACHUSETTS DARTMOUTH!