Labouré
COLLEGE OF HEALTHCARE

Labouré Access & Accommodations Office

Student Disclosure Form

Student Information:

Student Name (first middle last): _____ LC ID#: _____

Email (LC): _____ (personal): _____

Phone (primary): _____ Birthdate (mm/dd/yyyy): _____

Student Status: ☐ Accepted/Incoming Student (starting semester: _____)

☐ Current Student: Program of Study: _____

Disability Information:

So that we may best support you, please indicate the disability area(s) for which you are requesting services/ accommodations:

☐ AD(H)D

☐ Asperger's Syndrome & Related Disorders

☐ Blind/Visually Impaired

☐ Brain Injury/Neurological (specify: _____)

☐ Chronic/Degenerative (specify: _____)

☐ Hearing Loss

☐ Learning Disability/Cognitive (specify: _____)

☐ Mobility/Physical

☐ Psychiatric (specify: _____)

☐ Other: _____

***Documentation must be provided for each disability for which you are requesting services/accommodations. Documentation must (1) state a specific disability, (2) identify its impact on learning, (3) recommend accommodations, (4) be signed by an authorized provider.*

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Please describe how your disability affects your daily life and school experiences;

_____

_____

_____

_____

Are you currently under the care of a professional/specialist? (i.e.: physician, counselor, education specialist, etc.)

☐ Yes (please specify name, specialty): _____

☐ No

Are you currently taking medications?

☐ Yes (please specify name, specialty): _____

☐ No

Are you currently seeking any other supportive/academic resources at Labouré College of Healthcare to help subside your symptoms?

☐ Yes (please specify):_____ ☐ No

Services and Accommodations:

Have you been approved for academic services/accommodations in the past? ☐ Yes ☐ No

When (check all that apply):

☐ Elementary

☐ Middle School

☐ High School

☐ Other College (specify): _____

Type:

☐ IEP

☐ 504 Plan

☐ Unsure

What accommodations are you requesting at this time?

☐ Classroom Accommodation(s) ☐ Testing Accommodation(s) ☐ Assistive Technology

☐ Other (specify): _____

How were you referred to Labouré Access and Accommodations? _____

What semester(s) are you wishing to receive accommodations for? _____

Are you submitting this form before the priority deadline or after*? Select One

If after*: Why do you feel accommodations are necessary for the remainder of this current semester?

_____

_____

_____

Student Signature: _____ Date: _____