



DESALES
UNIVERSITY

Office of Student Accessibility

For Office Use Only:

Received by:

Phone: 610-282-1100 x 1453 Fax 610-282-2476

www.desales.edu/accessibility

Accessibility Services Intake Form

Name: _____ Student ID: _____ D.O.B _____ Date _____

Telephone: _____ Student email: _____

Address: _____

Street

City

State

Zip

Relationship Status: _____ Educational Experience: (Please give Names)

Age: _____ High School: _____

Level/Year: _____ College: _____

Major(s) _____ Minors(s) _____

Veteran: ___ Yes ___ No Language spoken in your home: _____

If you are an English language learner do you require any assistance? _____ If yes, what assistance do you require? _____

Person to Contact in Case of Emergency:

Name: _____ Relationship _____

Phone Number of Emergency Contact _____

Have you ever been diagnosed as having a disability? ___ Yes ___ No

When was the diagnosis made? _____

Please describe the nature of your disability: _____

What barriers have you faced due to your disability in the educative process? _____

What accommodations do you feel would help remove the barriers you are facing? _____

Please indicate any accommodations and services received at previous academic institution(s): _____

Below are a number of concerns which people often wish to discuss. Please indicate the degree to which each one is a problem for you?

0 – Not at all 1 – A little bit 2- Moderately 3 – Quite a bit 4 – Extremely

Possible Academic Counseling Topics:

Grades/probation _____

Learning Styles _____

Motivation _____

Time Management _____

Procrastination _____

Test taking _____

Physical Disability _____

Learning Disability _____

Study Skills _____

Reading Challenges _____

Disability Services provides services at no cost to students currently enrolled at DeSales University. Our hours are 8:00 a.m. to 4:45 p.m. Monday through Friday. Services are provided on an appointment basis. Appointments are made in person, by phone, zoom or scheduling through Clockwork (online management system)

STUDENT RESPONSIBILITY FORM

I understand the following:

- I must provide sufficient documentation that meets the AHEAD guidelines to establish the existence of a disability and to support the need for every accommodation requested.
- If I am seeking additional accommodations, then I will need to schedule a meeting with our OSA support team to determine if additional documentation is necessary.
- I need to respond to correspondence from the OSA staff within 24 hours, in writing, using my DeSales University email account.
- I am responsible for engaging in a fair and objective dialogue concerning accommodation options.
- I understand that after the OSA reviews my documentation, they might not provide me with my requested/preferred accommodations, but they are required to provide me with reasonable and appropriate accommodations.
- I am responsible for all primary communication with the OSA and will not defer my role as student to parents or other agents.
- If I believe my accommodations are not sufficient or are not being implemented properly, then I must notify the OSA in a timely manner.

Formation and Distribution of the Letter of Accommodation (LOA)

- I must complete a renewal form or initiate the accommodation process. My LOA will be distributed electronically to my instructors. It is recommended that I discuss my current LOA with each of my instructors. Accommodations are not retroactive.
- It is my responsibility to inform the OSA if I drop or add a course.
- It is my responsibility to immediately inform the OSA, in writing, using my DeSales email address, if there is a problem or concern regarding any of my accommodations.

Use of Extended-Time Accommodations in the Distraction-Reduced Exam Room

- Instructors are unable to provide testing accommodations in the classroom. If you desire to use your testing accommodations you must test in the OSA.
- Exams must be scheduled at least 4 days prior to the start of the exam using Clockwork management system found on My DSU portal under applications tab.
- Exams must be scheduled during the class time.

I must have permission from my instructor if I want to start an exam earlier or later than scheduled time. I must communicate this change by emailing both the instructor and OSA

- I am aware of video surveillance during all exams in the distraction-reduced environment.
- I will honor the Academic Honesty Policy regarding student honesty and plagiarism, as stated in the *Undergraduate Catalog*.
- I understand the exam room environment is subject to distractions such as doors opening and closing, voices in surrounding areas, white noise machines, walk-throughs, etc.
- If I need to leave the exam room to use the restroom, I am required to notify the proctor.
- I understand that if any of the following prohibited items are discovered in the testing room, the item(s) will be removed immediately: all electronic devices such as, but not limited to, cell phones, smart watches, etc. I understand that the professor will be notified and I may be liable for receiving a “0” on the exam.
- I understand that once my allotted time is reached, the exam will be collected.**
- I understand that if I am late for my exam the time will be deducted from my scheduled start time.**
- Failure to schedule an exam in a timely manner (3 school days) will result in taking the exam without my accommodations in the classroom.**

Grievance Procedure: Complaints should be addressed to the Section 504 Compliance Officer who has been designated to coordinate ADA compliance efforts. For the full internal grievance procedures, see the *Undergraduate Catalog* at www.desales.edu/catalog.

Signature

Date

Student ID Number

Student email/phone number