



Reasonable Accommodation Requests

Both the Occupational Therapy and Physical Therapy programs at the University of St. Augustine for Health Sciences have academic and clinical components. When applying for reasonable accommodations, please consider that the clinical environment may have different requirements than the academic environment. If you have questions about the clinical requirements, please contact the Director of Disability Services at disability@usa.edu or your Student Service Advisor.

If you have a disability and are planning to request an accommodation, you must submit a request **no later than the first Friday after classes begin** so that approved accommodations may be put in place as early as possible. The procedure for approving accommodations occurs during the second week of classes. A delay in submitting your request will likely result in you not having approved accommodations for the term.

If you have any questions about this process or how to request an accommodation, please contact the Director of Disability Services at disability@usa.edu or your Student Service Advisor.

Instructions

The form that follows these instructions must be completed to request an accommodation for a physical/sensory disability, learning disability, or psychological disorder. **The request must be submitted with the appropriate documentation substantiating the nature of the disability.**

- **Physical/Sensory Disability:** Documentation should be submitted by a treatment provider who is qualified to diagnose a physical/sensory disability. The description should include the treatment provider's review of the effects of the disability on the student's ability to function in a university environment and a description of side effects that could result from any medication that is being used to treat the disability.
- **Learning Disability:** Documentation should be submitted by a treatment provider who is qualified to administer and interpret learning disability assessments. The description should include the names and results of tests used in the assessment and specify the effect of the learning disability on university-related endeavors. The diagnostic report should include the treatment provider's suggestions for reasonable accommodations.
- **Psychological Disorder:** Documentation should be submitted by a treatment provider who is qualified to administer and interpret psychological assessments. The description should include the names and results of tests used in the assessment and specify the effect of the psychological disorder on university-related endeavors. The diagnostic report should include the treatment provider's suggestions for reasonable accommodations.

If the substantiating documentation is incomplete or inadequate, the university may require supplemental assessment of the disability at the student's cost. If the substantiating documentation is complete and the university requests a second opinion, the university shall incur the cost. If you do not have documentation please contact the Director of Disability Services at disability@usa.edu or your Student Service Advisor for an alternate method of determining accommodation need.

The Director of Disability Services will review your request and notify you of any accommodations that you will be receiving while you are enrolled at the university. Students with a disability should expect to maintain the standards that apply to everyone else in the course and request only the accommodations/modifications approved by this process. Any discrepancy encountered by you or your faculty in the written accommodation plan should be brought to the Director of Disability Services at disability@usa.edu for review and action.

REASONABLE ACCOMMODATION REQUEST FORM

Name: _____ Date: _____

Program (check one): ___ MOT ___ DPT ___ DUAL ___ MOT Flex ___ DPT Flex ___ MOA

Campus (check one): ___ CA ___ FL ___ TX Enrollment Term (month/year): _____

Phone Number: _____ Email: _____

List the functions that you anticipate would require a reasonable accommodation:

List the accommodations you are requesting for the academic portion of your program:

List the accommodations you are requesting for the clinical portion of your program:

Please return this completed form and the required supporting documentation to:

Disability@usa.edu