

UCLA Center for Prehospital Care Student Accommodation Request Form

Legal Name:**Student ID:****Preferred Name:****Email:****Pronouns (he/she/they):****Phone:****Birth Date (MM/DD/YYYY):****Course Number:**

UCLA Center for Prehospital Care is committed to providing equal access to all courses and programs for qualified applicants and students living with permanent or temporary disabilities through reasonable academic accommodations provided through the Center for Accessible Education Office (CAE).

Reasonable Accommodation:

Reasonable accommodations are defined as accommodations that do not fundamentally alter a program or its delivery. All students are required to meet a program's prerequisites, application, and enrollment requirements.

Disability Defined:

As stated in the Americans with Disabilities Act Amendment (2008), a disability is defined as a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability.

Accommodations Defined:

A diagnosis does not, in itself, qualify a student for accommodations under the Americans with Disabilities Act Amendments Act (ADAAA). Accommodations are not based on the student's diagnosis, but instead are designed to address the barrier(s) caused by, and functional limitation(s) related to, the condition. Reasonable accommodations are modifications or adjustments to the policies, environment, practices, and/or procedures that enable individuals with disabilities to have an equal opportunity to participate in an education program; they are not designed to guarantee student success. While we will do our best to provide students with their preferred accommodation(s), any equivalent accommodation that serves to reduce barriers to the student's academic access may be applied.

Student Responsibilities:

Students should send all documentation to the Center's Liaison Representative at least three weeks prior to the start of the course that they wish to receive accommodations. Students must supply the office with a list of all accommodation requests. Accommodations will be reviewed by the CAE office for approval. Requests must include recent medical documentation that is current within a period of three (3) years. If you are requesting services or an accommodation due to a learning disability you must include a professional comprehensive written evaluation, e.g., physician, psychologist/psychiatrist, or school counselor. CAE cannot guarantee specific accommodations to students who fail to make timely requests or submit incomplete documentation. Students who receive additional time for exams are responsible for showing up on time and for abiding by all test-taking rules. Only the CAE has the authority to grant accommodations to Center for Prehospital Care students. Requests made to instructors or other staff members are not valid and will not be granted until approved by the CAE office. The associated medical documentation is valid for the remainder of the student's tenure for the above indicated course only.

Processing Requests:

Applications are processed in the order they are received. Our office will not be able to expedite or provide retroactive requests. Third party requests for accommodations will not be accepted. A completed application includes both the UCLA Center for Prehospital Care Accommodation Form and Disability Verification Form (made within 3 years). Once approved, the student will receive an email notification from the Center listing all approved accommodations. If for any reason the application is denied, the student will have an opportunity to submit additional documentation supporting their need for accommodations. Please note that it could take up to 2-3 additional weeks for applications to be reviewed and a decision to be rendered.

II. GENERAL NATURE OF DISABILITY /DISABILITIES

To the best of your ability, please describe your disability, and how the symptoms and/or limitations of your disability impact you academically (please include diagnosis):

Are you applying for accommodations related to a temporary disability or acute condition (accident/injury, pregnancy, surgery, etc.)? If so, please describe:

In what academic areas have you experienced difficulties:

Completing assignments on time
 Comprehending concepts
 Following along during lecture
 Math
 Motivation
 Organizing written work
 Reading
 Reading rate
 Retaining information
 Spelling
 Study Skills
 Self-Confidence in school
 Taking notes during lecture
 Taking tests

I am requesting the following accommodations:

Adaptive Technology (i.e. Livescribe Pen, Kurzweil, etc.)
 Notetaking Support
 Alternative Format (Enlarged font, Braille, tactile graphs, reader services, etc.)
 Distraction reduced exam environment
 Extra testing time
 Assistive Listening Device*
 Sign Language Interpreters*
 Real-Time Captioning*
 Other:

*Audiogram required for accommodation

How would receiving the above accommodations mitigate barriers associated with your disability?

III. ACCOMMODATIONS HISTORY

In high school did you have an Individual Education Plan (IEP)?

Yes

No

Did you have a 504 plan?

Yes

No

Have you ever been registered as a student with a disability at a post-secondary institution (i.e community college, CSU, other UC, Extension, etc.)?

Yes

No

If any, please list previous accommodations you've received:

Do any of the following apply to you?

Medical/mental health history not included in the provided documentation

Social/family relationship stressors

Financial stressors

I have read the statement above and understand my rights & responsibilities related to receiving accommodations through Center for Accessible Education (CAE).

Signature:

Date:

For Administrative Use - Approved Accommodations:

Admin name:

Date Approved:

Verification of Disability Form

Information for Students with Disabilities

UCLA Center for Prehospital Care is committed to ensuring equal access to educational opportunities for students with disabilities. To provide this access, the Center for Accessible Education facilitates academic accommodations for regularly enrolled students with disabilities.

How is a Disability Defined?

The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

Eligibility

In addition to the student's declaration of disability and need for accommodation, the UCLA Center for Accessible Education (CAE) requires current and complete documentation from the student's diagnosing, treating clinician. Qualified clinicians are licensed, non-familial, follow established practices in the field, and are most often physicians, licensed psychologists, psychiatrists, social workers, or licensed therapists. For clinical assessments, the professional conducting the assessments and rendering diagnoses must have comprehensive training with regard to the specific disability being addressed. Documentation must describe how the disability limits one or more major life activities and to what extent the student experiences disability-related, academic limitations. It should also be written within a reasonable time frame relative to the disability. If your medical provider is submitting a letter in lieu of the attached verification form, it should contain ALL of the following information:

1. Student's name, ID number, and date of birth
2. Name, Title, Licensing State(s) and Number, Mailing Address, Area of Specialization, and Signature of qualifying, diagnosing clinician
3. Medical/clinical diagnosis as listed in the DSM-5 or ICD-10
4. Explanation and/or basis for diagnosis (tests, clinical interview, observations, history)
5. Onset of condition, date clinician first treated student, most recent visit, expected duration of disability, and other relevant educational, developmental, and medical history
6. *Current* functional limitations
7. Statement of the extent to which limitations are mitigated by treatment and side effects of treatment if any
8. *If making recommendations for specific accommodations:* Justification for each recommended accommodation and the direct relationship to the functional limitations must be produced.

Please note the following:

- Incomplete information may slow or delay the accommodation approval process.
- Depending on the nature of the condition, the CAE may require a comprehensive report (i.e., cognitive achievement test scores, audiogram, and/or other relevant information to determine reasonable accommodations).
- For observable/obvious disabilities, medical documentation may not be required when the accommodation requested is apparent or logical.

UCLA Center for Prehospital Care Accommodation Request Verification Form

Student Name:

Student ID Number:

Date of Birth:

***Note to student:** Please do not complete this form below this line - it must be completed by your medical provider*

This request for information regarding a disability is being provided in connection with an application for accommodation services from the UCLA Center for Accessible Education (CAE) Office. We appreciate your thorough and thoughtful support letter or response to the questions on the following form. The UCLA CAE Office requires current and comprehensive documentation of a disability from a qualified diagnosing professional as part of the process to determine eligibility for reasonable and appropriate academic adjustments based on functional limitations resulting from a student's condition. "Qualified diagnosing professionals" include licensed clinicians whose scope of training and experience include diagnosis and treatment of adults.

Please respond to the following questions as soon as possible and e-mail to dkarim@mednet.ucla.edu.

If you have questions about this form or how the information is used, we invite you to contact us at 310-267-5959.

Health Care Provider Information:

Name:

Title:

License #:

Specialty:

Address:

Phone:

Medical Information - If this is your first time seeing this patient, please review the patient's records, if available, in order to provide the following information. The student may also have their primary care physician provide this information.

The following questions are to be answered by the qualified professional identified above. If you have recently begun treating this student, you may find that you do not yet have sufficient information to respond to the questions on this form. If you have not had recent clinical contact with the student, or otherwise find that you cannot effectively complete this form, please inform the student directly. If you would like to share any related pertinent information, please do so here:

Please Note: Depending on the nature of the condition, the CAE may require a comprehensive report (achievement test scores, audiogram, and/or other relevant information to determine reasonable accommodations).

Diagnostic Information

Please list the diagnosis/es and the relevant DSM-5 or ICD-10 codes:

Please state whether you believe that the requesting person meets the definition of having a disability as defined by the ADA, as described here: <https://adata.org/faq/what-definition-disability-under-ada>

Yes ☐

No ☐

Unsure ☐

Severity of the diagnosis/es: Mild ☐

Moderate ☐

Severe ☐

Nature of the diagnosis/es: Acute ☐

Episodic ☐

Chronic ☐

Prognosis: How long do you anticipate this student's academic performance will be impaired by her/his disability?

How was this diagnosis determined (neuropsychological or psychoeducational testing, behavioral observations, structured interview, collateral information, rating scales, developmental/medical history)?
(Please attach diagnostic report of assessment(s) if available)

What historic data was taken into account in making the diagnosis? Please describe any pertinent history about this student/client below:

Contact with student:

1. Onset of Condition:
2. Date of first contact with student (mm/dd/yyyy):
3. Date of most recent contact with student (mm/dd/yyyy):
4. Please describe the frequency of your contact with this student/client (number of therapy sessions, if applicable):

Description of Functional Limitations: This section must be completed by the medical provider. Failure to do so will result in an incomplete application for the student. A **functional limitation** is a restriction in the ability to perform an action or activity in the manner or within the range considered 'normal' and which is attributable to impairment.

☐ No functional limitations identified at this time.

Major Life Activity	None	Mild	Moderate	Severe	Please include explanation of limitations if moderate or severe impact is indicated. Include limitations related to medication side effects.
Thinking/Concentrating					
Information Processing					
Memory					
Sustained Reading					
Sustained Writing					
Sustained Focus					
Executive Functioning					
Communicating					
Seeing					
Hearing					
Listening					
Learning					
Walking, Standing, or Bending					
Sitting					
Sleeping					
Eating					
Reaching or Lifting					
Immune System Functions					
Self-care					
Speaking					
Course Engagement					
Bladder/Digestive					
Listening					
Learning					
Walking, Standing, or Bending					

Sitting					
Sleeping					
Sleeping					
Eating					
Reaching or Lifting					
Immune System Functions					
Self-care					
Speaking					
Course Engagement					
Bladder/Digestive					
Respiratory/Breathing					
Other					
Other					
Other					

Completed by Medical Provider

Accommodation Information

A diagnosis does not, in and of itself, qualify a student for accommodations under the Americans with Disabilities Act Amendments Act (ADAAA). Accommodations are not based on the student's diagnosis, but instead are designed to address the barrier(s) caused by any functional limitation(s) related to the condition.

Reasonable accommodations are modifications or adjustments to the policies, environment, practices and/or procedures that enable individuals with disabilities to have an equal opportunity to participate in an academic program; they are not designed to guarantee student success.

Please indicate your recommendations for accommodations within the post-secondary environment, as supported by the reported functional limitations and their impact on this student.

Accommodation #1:

Rationale:

Accommodation #2:

Rationale:

Accommodation #3:

Rationale:

If you feel that you are unable to recommend any specific accommodations as requested above, please explain why:

Please **E-MAIL** this completed document to dkarim@mednet.ucla.edu or call (310) 267-5959 if you require additional information. Please attach any relevant reports.

Medical Provider's Signature: _____ Date: _____