

Accommodation Exploration Packet

Students with disabilities are an integral part of Garrett-Evangelical Theological Seminary and add to the rich diversity of our community. To ensure students with disabilities receive equal access in the academic environment, Student Access facilitates the determination of reasonable classroom accommodations through an interactive and individualized process.

Classroom Accommodations

Accommodations are determined through the interactive process with the goal of removing barriers to the learning environment. Student Access invites the discussion of accommodation needs with you at any point during your academic tenure with us. Based on the environment and the individual experience, the impact of a disability will vary and accommodation determination will differ from person-to-person. The Seminary will work to problem solve disability barrier removal that is individualized to you and your program and as such, a conclusive list of accommodation availability does not exist.

Steps for classroom accommodation determination:

- 1. Contact the Dean of Student Life to explore available resources
- 2. Submit an Accommodation Exploration Packet to Student Access (student.access@garrett.edu)
- 3. Complete an Access Meeting with a Student Access staff member

This Accommodation Exploration Packet (AEP) includes a request for medical documentation from a licensed medical provider. Many students choose to complete the AEP by submitting medical documentation. You do not need to have medical documentation to explore the accommodation process in an Access Meeting. Please submit the AEP and complete an Access Meeting even if you do not have medical documentation. Documentation may or may not be necessary to put accommodations in place as each student request is determined on a case-by-case basis. The conversation in the Access Meeting will assist in determining what information will be needed to put accommodations in place.

NOTE: The accommodation determination process is confidential under FERPA. Information pertaining to disability and accommodations is not included in a student's transcript. The Seminary is not required to fundamentally alter essential learning outcomes and/or requirements in the program of instruction—accommodation alternatives are explored prior to an accommodation denial based on a fundamental alteration discovery.

Grievance

If you have concerns regarding process, procedures, or accommodation determination in Student Access, please contact your Access Coordinator to discuss. Most concerns can be handled at this level. If you feel that your concern will persist, please contact the Dean of Student Life to file a grievance or begin an accommodation appeal procedure (e. student.life@garrett.edu).

Garrett-Evangelical Theological Seminary does not tolerate discrimination or harassment. For harassment and discrimination complaints on the basis of disability, please contact the Academic Dean for resolution options.



Accommodation Request Information

Legal Name: (F/M/L)
Preferred Name:

Pronouns: (she/he/they/them/etc.)
Academic Program:

What is the disability(s) for which you are requesting accommodation(s)?

How does your disability affect your academic work?

Please describe the academic accommodation(s) that you are requesting:

Please describe accommodations used in past academic institutions (e.g., high school, undergraduate institution):

Other information you'd like to provide:



Medical Verification Information

Date of Completion of this Form:

NOTE: This portion of the AEP is to be filled out, in its entirety, by the professional treating the student. This professional must be unrelated to the student, and any information provided by a family member will be considered supplemental. Please type this information rather than handwriting or printing it out.

To ensure the provision of reasonable and appropriate services for students with disabilities, Garrett-Evangelical Theological Seminary requests students to provide current and comprehensive documentation of their condition and its impact on their education. We kindly ask that the student's healthcare provider answer the following questions to assist the Seminary in their determination of reasonable accommodations.

Student First Name and Last Name:		
Provider First Name and Last Name:		Provider Phone:
Provider Email:		Provider Title:
Provider Address: (Street Address)	(City)	(State) (Zip Code) (Country)
License/Certification Number:		License/Certification Issuing State:
Date of Initial Contact with Student:		•
Date of Most Recent Contact/Appointment v	with Student:	
Approximate Frequency of Contact with Stu	udent Since Initial	Contact:

Please describe the student's disability, listing a diagnosis (if applicable). Include the date of diagnosis, and explain the evaluations/labs/tests administered used in the diagnostic process. <u>Please attach or submit a copy of any psychoeducational reports, neuropsychological evaluations, labs, or test results as applicable</u>.

What is the expected duration of the condition?
If the student is currently undergoing medical treatment, please describe and indicate how the treatment might affect the student academically.
Describe how this disability may result in specific functional limitations in an academic/classroom setting (i.e., problems sitting for more than 1 hour, difficulty typing for more than 10 minutes, or inability to walk more than 50 feet without fatigue).
List current medication(s), impact, and any adverse side effects. Is the student still adjusting to or stabilized on the medication(s)?
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Provide specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access the curriculum and/or academic program.		
Please provide any additional information you feel will be useful in evaluating the nature and severity of the student's		
disability and any additional recommendations that may assist in determining appropriate accommodations.		