Students with Disabilities Services
DISPOSITION OF ACCOMMODATION REQUEST

Last Name: ___________________ First Name: ___________________ Student ID#: ___________________

Cell Number: ________________ E-mail: ____________________ Term: ___________________

After review of documentation provided the following is appropriate for the student.

__ The documentation is insufficient to justify accommodation(s) for the specific disability disclosed.

__ The documentation is outdated.

ADA guidelines require students to submit current documentation. The UVI Students with Disabilities Services Office requires documentation within 3 years for evaluations but can accept documentation from high school placement within 5 years. The evaluation documentation should be completed and signed by a physician or licensed psychologist/psychiatrist on their letterhead. It should:

- Specify the nature, severity, current impact of the disability/medical condition, and anticipate duration;
- State the diagnosis in the nomenclature used by the DSM IV or successive editions;
- State the student’s medical diagnosis;
- Address the student’s current ability to function in the college environment and how the disability/medical condition affects academic performance (e.g. ability to focus, organize one’s time, attend class, work in groups or alone, etc.);
- Include a list of accommodations necessary for the student to succeed in an academic setting;
- Include medication(s) and the current side effects that may impact the student in an educational setting

__ The documentation is comprehensive and complete, and the justification for accommodation is appropriate.

The following accommodation(s) would be appropriate:

Class Lectures
__ Tape Recorder
__ Referral to VIUCEED for equipment needs based on student’s disability

Exams and Quizzes
__ Extended Time for Exams/Quizzes
  __ Determined by agreement with instructor
  __ Time and 1/2
  __ Double Time
__ Distraction-Reduced for Exams
__ Referral to VIUCEED for equipment needs based on student’s disability
__ Spell Checker- determined by nature of the course and agreement with instructor

Deaf/Hard of hearing students
__ Referral to VIUCEED for equipment needs based on student’s disability
__ Sign language Interpreter or Program

Visually Impaired/Blind Students
__ Enlarged print for printed materials provided
Referral to VIUCEED for equipment needs based on student’s disability

Access to Library program which reads for students

Computer Adaptive Software

Referral to VIUCEED for equipment needs based on student’s disability

Reading Accommodations

Referral to VIUCEED for equipment needs based on student’s disability

Electronic textbooks (E-Texts)

Other (please specify):

Other recommendations discussed:

University Tutoring

Early Registration

Housing Accommodations

Meals

Other

Medical:

Accommodation requested: ______________________________________________________

Accommodation granted: _______________________________________________________

Disposition:

A session was completed with the student to discuss the results of this review, the available resources on campus and the responsibilities of the student for each semester ____________.

Student has been advised of the need for updated documentation by the following date: ___________

Date Recommendation made: _______________ ADA Coordinator: _______________

Student Signature: ____________________ Date: _______________________________

Form updated: August, 2016