



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___ The documentation is outdated.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:

- o Specify the nature, severity, current impact of the disability/medical condition, and anticipate duration;
o State the diagnosis in the nomenclature used by the DSM IV or successive editions;
o State the student's medical diagnosis;
o 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.);
o Include a list of accommodations necessary for the student to succeed in an academic setting;
o 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: _____