

Applying for Disability Support Services

There are two components of a request for services:

- **The Request for Disability Support Services form** completed by the student
- **Comprehensive documentation of disability** from a certified professional

The Request for Disability Support Services form asks for your contact information and class standing, and then gives you the chance to describe your disability in your own words and to explain the ways the disability will impact your functioning in an academic setting. There is a place for you to describe any accommodations you have received in the past and to list the types of accommodations you think would help you at Indiana University. It is important that you, the student, complete this form in your own words. Please note that the accommodations you receive will be influenced by what accommodations you request. You can either type in your responses on the computer or print out the form and fill it in by hand, but you must print it out in order to sign it.

In addition to submitting a Request for Disability Support Services form, you are responsible for providing **comprehensive documentation of disability** from a certified professional. If you have multiple disabling conditions, you will need to provide documentation addressing each disability. Please review the guidelines for documentation (<http://studentaffairs.iub.edu/dss/documentation/>) for more information. Documentation of acquired brain injuries and learning disabilities must include recent comprehensive cognitive and achievement testing. If an existing report does not provide the required information, documentation of your disability may be facilitated by printing the relevant *Documentation of Disability* form(s) (which can be found in the 'DSS Forms' box on the right side of our website) and delivering it to your doctor(s) to be completed.

Disability documentation and the **Request for Disability Support Services form** can be mailed, faxed, or hand delivered to our office; together or under separate cover.

REQUEST FOR DISABILITY SUPPORT SERVICES

Student Contact Information:

Name (First, M.I., Last): _____

IU Student ID # (10 digits): _____

IU email: _____

Student personal email: _____

Phone: (_____) _____ Home or Cell (circle one)

Please note: All information regarding your disability and request for services will be kept strictly confidential. Use of services will not appear on any IU records or transcripts.

Student Standing (Please Select One):

- Newly Admitted Freshman: Year/Term you will begin classes _____
- Newly Admitted Transfer: Year/Term you will begin classes _____
- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- Other _____

Referred to DSS by: _____

May we contact person listed above? Yes or No (circle one)

If yes, list phone number or IU Department: _____

Type of Disability:

- Learning Disability (LD)
- Attention Deficit/Hyperactivity Disorder (ADHD or ADD)
- Physical
- Medical
- Psychiatric
- Other _____

What is your diagnosis? Please provide a brief description of the disorder.

Section A: Previous Disability Support

1. Have you received disability support in a previous educational setting? Yes__ No__
2. If "yes", where was this? _____
3. What services did you receive? _____

Section B: Current Disability Information

1. Approximate age and/or grade of diagnosis: _____
2. How are you limited or restricted in a school and/or home setting by your condition?

3. What are your symptoms? _____

4. List of prescribed medications and side effects, if any: _____

5. What services are you requesting from Indiana University? Please be as specific as possible: _____

6. Additional comments: _____

Student Signature:

Date:

For DSS Staff Use

Date Received:

DSS Staff Initials: