

Legal Name:	UNEX ID:
Preferred Name:	Email:
Pronouns (he/she/they):	Phone:
Birth Date (MM/DD/YYYY):	Active Military/Veteran: Y N

I. ATTENTION STUDENTS

UCLA Extension is committed to providing equal access to all academic programs and co-curricular activities for qualified applicants and students living with permanent or temporary disabilities through reasonable academic accommodations provided through the Office of Disability Services (ODS).

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. It also includes individuals who do not have a disability but are regarded as having 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 academic 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:

Once a request for accommodations is approved, the associated medical documentation is valid for the remainder of the student's tenure. However, students must check in with the ODS three weeks prior to the start of any quarter they wish to receive accommodations. Students must supply the office with a list of registered classes for the quarter as well as any new accommodation requests or modifications. Accommodations will be reviewed on a quarterly basis and may be adjusted as necessary. Any new requests must include new medical documentation, current within a period of three (3) years. ODS cannot guarantee specific accommodations to students who fail to make timely requests. Students who receive additional time for proctored exams are responsible for showing up on time and for abiding by all test-taking rules. Students who do not show up or are more than thirty (30) minutes late for their exam will be rescheduled. Students who repeatedly violate these rules will be held responsible under the conduct code. Only the ODS has authority to grant accommodations to Extension students. Requests made to instructors or other staff members are not valid and will not be granted. Students are encouraged, but not required, to register their Service Animals with our office. Students are financially and legally responsible for the behavior of their Service Animals while on campus.

Processing Requests:

All applications are processed in the order they are received. Our office will not be able to expedite or guarantee retroactive requests. Third party requests for accommodations will not be accepted. A completed application includes both the UCLA Extension Accommodation Form and current medical documentation (made within 3 years) OR Verification of Disability Form. Once approved, the student will receive an approval letter from ODS 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 weeks for applications to be reviewed and a decision to be rendered.

I have read the statement above and understand my rights & responsibilities related to receiving accommodations through UCLA Extension's Office of Disability Services (ODS).

Signature: _____

Date: _____

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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:

If applying for temporary accommodations, how long do you anticipate needing services?

1-2 weeks

6 weeks-2 months

3-5 weeks

More than 2 months

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.)
- Alternative Format
- Assistive Listening Device
- Notetaking Support
- Sign Language Interpreters
- Real-Time Captioning
- Other:
- Physical Space (describe):
- Testing Accommodations (please specify):

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

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III. ACCOMMODATIONS HISTORY

In high school did you have an 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

Please provide the following information about your treating physician:

Name _____

License # _____

Location of practice

How long you have been seeing this physician

For Administrative Use

Approved Accommodations: