



DESALES
UNIVERSITY

Office of Student Accessibility

For Office Use Only:

Received by:

Phone: 610-282-1100 x 1453 Fax 610-282-2476

www.desales.edu/accessibility

Accessibility Services Intake Form

Name: _____ Student ID: _____ D.O.B _____ Date _____

Telephone: _____ Student email: _____

Address: _____

Street

City

State

Zip

Relationship Status: _____ Educational Experience: (Please give Names)

Age: _____ High School: _____

Level/Year: _____ College: _____

Major(s) _____ Minors(s) _____

Veteran: ___ Yes ___ No Language spoken in your home: _____

If you are an English language learner do you require any assistance? _____ If yes, what assistance do you require? _____

Person to Contact in Case of Emergency:

Name: _____ Relationship _____

Phone Number of Emergency Contact _____

Have you ever been diagnosed as having a disability? ___ Yes ___ No

When was the diagnosis made? _____

Please describe the nature of your disability:

What barriers have you faced due to your disability in the educative process

What accommodations do you feel would help remove the barriers you are facing?

Please indicate any accommodations and services received at previous academic institution(s)

Below are a number of concerns which people often wish to discuss. Please indicate the degree to which each one is a problem for you?

0 – Not at all 1 – A little bit 2- Moderately 3 – Quite a bit 4 – Extremely

Possible Academic Counseling Topics:

- Grades/probation _____
- Learning Styles _____
- Motivation _____
- Time Management _____
- Procrastination _____
- Test taking _____
- Physical Disability _____
- Learning Disability _____
- Study Skills _____
- Reading Challenges _____

Accessibility Services provides services at no cost to students currently enrolled at DeSales University. Our hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Services are provided on an appointment basis. Appointments are made in person, by phone, zoom or scheduling through Clockwork (online management system).

STUDENT RESPONSIBILITY FORM

I understand the following:

- I must provide sufficient documentation that meets the AHEAD guidelines to establish the existence of a disability and to support the need for every accommodation requested.
- If I am seeking additional accommodations, then I will need to schedule a meeting with our OSA support team to determine if additional documentation is necessary.
- I need to respond to correspondence from the OSA staff within 24 hours, in writing, using my DeSales University email account.
- I am responsible for engaging in a fair and objective dialogue concerning accommodation options.
- I understand that after the OSA reviews my documentation, they might not provide me with my requested/preferred accommodations, but they are required to provide me with reasonable and appropriate accommodations.
- I am responsible for all primary communication with the OSA and will not defer my role as student to parents or other agents.
- If I believe my accommodations are not sufficient or are not being implemented properly, then I must notify the OSA in a timely manner.

Formation and Distribution of the Letter of Accommodation (LOA)

- I must complete a renewal form or initiate the accommodation process. My LOA will be distributed electronically to my instructors. It is recommended that I discuss my current LOA with each of my instructors. Accommodations are not retroactive.
- It is my responsibility to inform the OSA if I drop or add a course.
- It is my responsibility to immediately inform the OSA, in writing, using my DeSales email address, if there is a problem or concern regarding any of my accommodations.

Use of Extended-Time Accommodations in the Distraction-Reduced Exam Room

- Instructors are unable to provide testing accommodations in the classroom. If you desire to use your testing accommodations, you must test in the OSA.
- Exams must be scheduled at least 4 days prior to the start of the exam using Clockwork management system found on My DSU portal under applications tab.
- Exams must be scheduled during the class time.

I must have permission from my instructor if I want to start an exam earlier or later than scheduled time. I must communicate this change by emailing both the instructor and OSA

- I am aware of video surveillance during all exams in the distraction-reduced environment.
- I will honor the Academic Honesty Policy regarding student honesty and plagiarism, as stated in the *Undergraduate Catalog*.
- I understand the exam room environment is subject to distractions such as doors opening and closing, voices in surrounding areas, white noise machines, walk-throughs, etc.
- If I need to leave the exam room to use the restroom, I am required to notify the proctor.
- I understand that if any of the following prohibited items are discovered in the testing room, the item(s) will be removed immediately: all electronic devices such as, but not limited to, cell phones, smart watches, etc. I understand that the professor will be notified and I may be liable for receiving a “0” on the exam.
- I understand that once my allotted time is reached, the exam will be collected.**
- I understand that if I am late for my exam the time will be deducted from my scheduled start time.**
- Failure to schedule an exam in a timely manner (3 school days) will result in taking the exam without my accommodations in the classroom.**

Grievance Procedure: Complaints should be addressed to the Section 504 Compliance Officer who has been designated to coordinate ADA compliance efforts. For the full internal grievance procedures, see the *Undergraduate Catalog* at www.desales.edu/catalog.

Signature

Date

Student ID Number

Student email/phone number