



1. Please describe your disability:
2. In what ways has your disability affected your academic performance?
3. What do you view as your academic strengths?
4. What strategies/assistance have proved helpful in the past in dealing with your disability?
5. When was the last formal assessment by a licensed professional of your disability conducted?

6. What are your educational goals at Lakeland University?

7. What additional information would you like us to consider?

I understand that this request for accommodations must be accompanied by documentation provided by the appropriate licensed professionals before the Lakeland University Accommodations Review Committee will consider it. I understand that the Director of the Academic Resource Center will notify me if additional documentation is required. I will also be notified of the LCARC's decision concerning my request. I certify that all of the information that I have provided is accurate and complete.

Student's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_





