Disability Accommodation Request Form
for Academic/Educational Accommodations

Lakeland University collaborates with students, faculty and staff to ensure equal educational and programmatic access for eligible students with documented disabilities. We provide students the opportunity to reach their full potential by developing academic accommodations and support services along with promoting independence and self-advocacy for all students.

To be eligible for disability-related services, students must have a documented or visible impairment as defined by Section 504 of the Rehabilitation Act (1973), the Americans with Disabilities Act (ADA, 1990) and the ADA Amendments Act (ADA-AA, 2008). The ADA regulations broadly define disability impairments to include a wide variety of disorders or conditions including: ADD/ADHD, Autism Spectrum Disorders, Medical/Health Conditions, Sensory Impairments, Learning Disabilities, Mobility/Physical Disabilities, and Psychological Disabilities.

Please complete and return this Request for Accommodations form to:

Lakeland University Disabilities Office
Attn. Karen Eckhardt, ADA Coordinator
Hayssen Academic Resource Center
W3718 South Drive
Plymouth, WI 53073

Phone: 920-565-1021 ext. 2115
Email: EckhardtKL@lakeland.edu
Fax: 920-565-1068

Student’s Full Name: ____________________________________________________________

Lakeland University ID #: ___________________ Social Security Number: ________________

Permanent (home) address: ______________________________________________________

____________________________________________________________________________

Local address: ________________________________________________________________

Phone number: ___________________________ Email address: _______________________

I am a Current or Prospective student at Lakeland: ___________________________

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1. Please describe your disability and how you feel the disability symptoms have impacted your academic growth and progress?

2. When were you first diagnosed with this disability? What format was used as part of the evaluation process?

3. When was the last formal assessment by a licensed professional of your disability?
4. What strategies, assistance, or prior accommodations have proved helpful in the past with addressing the symptoms of your disability in the educational setting?

5. What specific academic accommodations are you requesting at Lakeland?

6. What do you view as your academic strengths?

7. What are your educational and professional goals that you are striving for while attending Lakeland University?
Documentation and Verification of Disability:

Lakeland University relies on documentation and verification from appropriate, licensed professionals as part of the interactive review process in determining the need for academic accommodations.

Diagnostic information will be accepted from the following providers:

DSM-V Diagnosis of ADD/ADHD, or LD must be made by a:
- Ph.D. level Clinical or Counseling Psychologist
- Medical Doctor
- State-licensed and certified School Psychologist (for Educational Diagnosis)

Diagnoses of depression, anxiety and other psychological disorders must be made by a:
- Master’s or PhD level Clinical or Counseling Psychologist or Social Worker
- Medical Doctor

Diagnoses of physical or medical conditions that substantially interfere with a major life function must be made by a licensed medical doctor.

The diagnosis must be current, (i.e. within the last three years) unless the Disabilities Office extends the time period, or the disability documented is of a permanent and unchanging nature.

A student may also submit a prior Individualized Education Plan/504 Plan, or accommodations from a prior college/university as verification of the disability, provided the documentation falls within the three-year guidelines.

What type of documentation will you be submitting?

_____ Medical Records   _____ Psychological testing
_____ Evaluation report from K-12 school district   _____ IEP or 504 Plan
_____ Accommodation plan from prior college/university

I understand that this request for accommodations must be accompanied by the appropriate documentation as part of the review process. I certify that all the information that I have provided is accurate and complete.

Student’s Signature: ____________________________ Date: _____________