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:YesNo                 | Language sp              | ooken in your home:                         |                         |  |  |  |
| If you are an English languag | e learner do you require | any assistance?                             | If yes, what assistance |  |  |  |
| do you require?               |                          |   |                         |  |  |  |
|                               |                          |   |                         |  |  |  |
| Person to Contact in Case o   | f Emergency:             |   |                         |  |  |  |
| Name:                         | Relations                | ship  |                         |  |  |  |
| Phone Number of Emergency     | Contact                  |   |                         |  |  |  |
|                               |                          |   |                         |  |  |  |
| Have you ever been diagnose   | d as having a disability | ? Yes No                                    |                         |  |  |  |
| When was the diagnosis made   | e?                       |   |                         |  |  |  |
| Please describe the nature of | your disability:         |   |                         |  |  |  |

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

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.