



Prospective students should complete this form to officially apply for reasonable academic accommodations for disability. All information disclosed in this application is private and confidential. It will be stored in a private, secure filing system at the Accessibility Office only. It will not be made available to any LAPU employees or faculty outside of the Accessibility Office.

The application process will take approximately two weeks to complete. The timeline is primarily dependent upon how quickly application materials are submitted and additional steps are completed by the student applicant. If you need to request an alternative method of completing this application form, please contact the Accessibility Office at (626) 495-2869 or accessibility@lapu.edu to make this request.

Steps to Apply for Accommodations

STEP 1 Complete Application

Complete all sections of this Application for Accommodations PDF Form to the best of your ability. Please ensure the last page contains your signature. Applications without a signature will not be reviewed. This application form may be submitted by email to accessibility@lapu.edu, by fax to (626) 200-4738, or by mail to Los Angeles Pacific University, 300 N. Lone Hill Ave, San Dimas, CA 91773 (please specify attention to the Accessibility Office).

STEP 2 Submit Documentation

Please submit any supporting documentation that you may have to best inform the Accessibility Office of (1) the nature of your disability, (2) how it impacts your academic experience, and (3) any professional recommendations the Accessibility Office should consider as disability accommodations are evaluated. Documentation is strongly recommended, however not required in all cases. Please do not let a lack of documentation deter you from pursuing the application process for accommodations. Documentation options may include a letter from a doctor or therapist, treatment records, records of accommodations received at other institutions, IEP or 504 plans, testing center results, disability records from professional entities like Veteran Affairs or the Department of Rehabilitation, and records of receiving state or federal disability benefits. Please contact the Accessibility Office for additional questions about documentation. Documentation may be submitted by email to accessibility@lapu.edu, by fax to (626) 200-4738, or by mail to the LAPU mailing address (please specify attention to the Accessibility Office).

STEP 3 Schedule Intake Appointment

Once your application materials have been received and reviewed for completion, you will be contacted within two business days by email or telephone to schedule an intake appointment with the Accessible Education Manager.



Student Information

Name: _____ Best Phone Number to Reach You: _____

Email: _____

Disability Information and Other Impacts

(If more space is needed, please email additional information to accessibility@lapu.edu)

Please list the names of each disability diagnosis/health condition that you'd like to disclose to the Accessibility Office for the purpose of seeking academic accommodations:

Please describe how each disability/health condition previously listed impacts your academic experience, including any limitations you experience. Provide specific examples from your experience in classes or other life instances as much as possible.

Please list the names of any prescribed medications you are taking that cause negative side effects that impact your academic experience (for example: drowsiness, nausea, etc.)



Is English a second language for you? Yes No

Accommodations

(If more space is needed, please email additional information to accessibility@lapu.edu)

What specific accommodations are you requesting? If you are not sure, please state here that you are looking for recommendations.

Have you used accommodations in the past?

Check all that apply

- Yes, in elementary school/middle school/high school
- Yes, at the college/university level
- Yes, in another type of setting
- I have never used accommodations before

When did you receive accommodations? Please list years only (for example: 2017-2018)

What accommodations have you received in the past?



Referral

Please indicate who referred you to the Accessibility Office? You may also list “self” if you found it on your own.

Release Authorizations

Documentation: LAPU Accessibility Staff engages in an interactive process with students in order to determine eligibility for reasonable academic accommodations as well as to evaluate accommodation approval. A part of this process may include student submission of documentation related to the disability. At times, additional information may be requested or required from a treatment provider or another professional entity, especially if requests are made for specific accommodations or changes to approved accommodations. Students may be asked to give permission to the Accessibility Office to obtain information related to disability directly from their providers when needed as a part of this application. As is the case with this application form, any disability documentation provided to the Accessibility Office is also private and confidential.

Confidentiality: If accommodations are approved, the identification of a student’s disability or specific diagnosis information will not be shared without gaining explicit documented permission from the student first, and only when absolutely necessary to implement accommodations. This is a rare occurrence. Most commonly, only the approved accommodations are shared with the appropriate parties for implementation purposes. Sometimes specific disability limitations (for example: hearing impairment) may need to be conveyed with personnel implementing the accommodations as a part of the interactive process.

Right to Withdraw Authorizations: I understand that any authorizations I agree to here may be withdrawn by me at any time through a written request or documented discussion with the Accessible Education Manager.

Permission to Obtain Information: I give permission to the Accessibility Office to obtain information related to my disability from my providers when necessary.

By signing, I agree to the above release authorizations.

Student Signature: _____ Date: _____