



Steps for Requesting

DISABILITY ACCOMMODATIONS

Los Angeles Pacific University partners with the Learning Enrichment Center (LEC) at Azusa Pacific University to coordinate accommodations for undergraduate and graduate students with specific disabilities. Accommodations are individualized based on the learning needs of each student and upon documented verification of disability.

STEP 1

Complete a Request for Accommodations Application. Please make sure to complete every section. Incomplete applications will not be reviewed. An online application can be found at www.lapu.edu/resources/accessibility/

STEP 2

Along with your application, provide verification of a disability from a professional medical or mental health provider. Please see page 2 for our documentation guidelines. Application and documentation may be submitted in person or emailed to studentsupport@lapu.edu. You will receive an email if your documentation is insufficient so that you can resubmit appropriately.

STEP 3

Once your application and documentation is complete, you will be contacted within 3-5 business days to schedule an intake via phone or video conference meeting.

Please be aware that not all accommodation requests will be approved. Disability services staff will review the request and refer students to appropriate resources if a disability related accommodation is deemed unreasonable.

The accommodation approval process may take several weeks. Upon approved accommodations, you will receive an email with your official accommodation memo. Your memo will also be emailed to appropriate LAPU faculty and/or staff. Academic accommodations must be requested prior to each session by filling out a [Session Request Accommodations form](#).

Once accommodations are established, they are applied proactively rather than retroactively, so planning ahead is very important. If you do not submit the required documentation within 30 days of applying, or the documentation is insufficient, your application will become inactive. You may re-apply at any time.

Please keep this page for your reference.



DOCUMENTATION GUIDELINES

Psychological/Emotional (i.e. anxiety, depression)

Documentation must be provided by a licensed mental health professional. If medication is required, an evaluation from a psychiatrist is preferred. Documentation must be current (prefer within 3 years) and must be signed and submitted on official letterhead that states your diagnosis and any limitations you are experiencing as a result of your diagnosis.

Recommended documentation includes:

- 1 A clear statement of the diagnosis, including DSM-IV TR diagnosis and a summary of present symptoms
- 2 How the symptoms are limiting the student's functioning
- 3 Impact of medications (if any) on the student's ability to meet the demands of the postsecondary academic and social environment
- 4 Recommendations or observations to assist in determining accommodations

Learning Disabilities, ADD / ADHD

Documentation must be a report that includes evaluation data and a summary of the disability along with accommodation recommendations. Documentation must be current (prefer within 3 years). In addition to a report, a signed letter from the evaluator should be submitted on official letterhead with his or her license number.

Recommended documentation includes:

- 1 A clear statement of the disorder, including DSM-IV TR diagnosis and a summary of present symptoms
- 2 A summary of the assessment procedures and evaluation instruments used to make the diagnosis, and a summary of evaluation results
- 3 Impact of medications (if any) on the student's ability to meet the demands of the postsecondary academic and social environment
- 4 Recommendations or observations to assist in determining accommodations

Physical Impairment

Documentation of disability/illness must be from a medical professional such as a physician or other medical specialist with expertise in the area of the diagnosis. Documentation must be signed and submitted on official letterhead that states your diagnosis and any limitations you are experiencing as a result of your diagnosis.

Recommended documentation includes:

- 1 A clear statement of the diagnosis
- 2 How the symptoms are limiting the student's functioning
- 3 Impact of medications (if any) on the student's ability to meet the demands of the postsecondary academic and social environment
- 4 Recommendations or observations to assist in determining accommodations

Request for ACCOMMODATIONS



LOS ANGELES PACIFIC
UNIVERSITY

Azusa Pacific University System

Undergraduate (choose from drop-down): 20_____

Graduate (choose from drop-down): 20_____

Name: _____ LAPU ID: _____ Cell Phone #: _____

LAPU Email: _____ Regional Campus, if applicable: _____

Do you live on the Azusa campus? Yes No If yes, where? _____

Permanent Address: _____

Major/Degree: _____ Expected date of graduation: _____

Freshman Sophomore Junior Senior Graduate NDS UNDECLARED CERTIFICATE

Disability Information (If you need more space, please attach a separate sheet.)

Is your disability Temporary Permanent

Disability falls into the following category(ies):

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Learning | <input type="checkbox"/> Psychological | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Hearing | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Other, please specify: _____ | | |

Please describe what you understand about your disability:

Describe in detail how your disability affects you academically and in daily life. Give examples of limitations you experience and how the disability limits your access or ability to fully participate in an academic online environment:

Describe the accommodations you are requesting and how they will alleviate your symptoms:

History of Accommodations

Have you used accommodations before? High School University Other: _____

Dates you have used accommodations in the past: _____(month, year) to _____(month, year)

What types of accommodations have you received in the past?

Please indicate who referred you to the Learning Enrichment Center: _____

RELEASE AUTHORIZATIONS

LAPU & APU Disability Services staff engages in an interactive and collaborative process with students in order to determine eligibility for reasonable accommodations. Part of this process includes the submission and review of documentation related to the reported disability or limitations. At times, additional information may be requested from treatment providers. Documentation provided to the LEC is confidential and only shared with other offices or personnel at LAPU as necessary to put accommodations into effect. The identification of your disability is kept confidential, however we may share the limitations as part of the interactive process. Disability information may be released only with expressed written permission of the student (which may include email).

I understand that any authorizations I make here may be withdrawn by me at any time through a written, signed and dated request (which may be done via email) or in conference with an LEC Disability Services staff member.

I give permission to the LEC to obtain information related to my disability from my medical providers.

Yes No

By signing, I agree to the above process.

Student Signature: _____

Date: _____

Thank you for completing this request. Incomplete applications will not be reviewed. Please be sure you filled out every section before submitting.

Print

Email