



SETON HALL UNIVERSITY

Disability Support Services Accommodation Request and Documentation Form

Seton Hall University is committed to providing equal educational opportunities and full participation for students with disabilities. Consistent with its responsibilities to comply with the Americans with Disabilities Act of 1990 (ADA) as amended and Section 504 of the Rehabilitation Act of 1973 current regulations, Seton Hall University provides reasonable accommodations to promote equal educational opportunity. Documentation from a licensed evaluator is required to substantiate the presence of a disability, defined by the ADA as “a physical or mental impairment that substantially limits one or more major life activities,” and to establish the need for reasonable accommodations at Seton Hall University. Major life activities are those functions important to daily living. Examples of major life activities include but are not limited to: breathing, walking, talking, hearing, seeing, sleeping and performing manual tasks. Major life activities also include major bodily functions such as immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Guidelines for Medical Documentation

Documentation must be dated and signed with the appropriate credentials by the providing professional.

- *A diagnostic statement identifying the disability from a licensed/certified professional:* The diagnosis should include a description of diagnostic methods, including the DSM- 5/ICD-10 diagnosis if applicable, and criteria utilized along with the date of evaluation. The licensed professional providing the diagnosis cannot be a family member.
- *Current functional impact of the condition:* Describe the current relevant functional impact of the disability in an educational setting.
- *The expected progression of the disability over time:* Provide a description of the expected change in the functional impact of the condition over time. If the condition is variable, describe the known factors that may exacerbate the condition.
- *Treatment:* List treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in addressing the impact of the condition. Include any significant side effects that may affect physical, perceptual, behavioral, or cognitive performance.
- *Supporting documents:* You are encouraged to submit any past documentation or materials that establish a history of receiving appropriate accommodation in a

previous academic setting when available. Secondary school accommodation plans such as an IEP

- or 504 Plans are helpful but often do not provide sufficient information to establish eligibility for the requested accommodations at the university level when submitted without a corresponding evaluation.
- *Documentation Criteria:* Students, parents, and caregivers are encouraged to review the documentation guidelines necessary for registration with DSS. Examples of appropriate documentation may include medical records, neuropsychological/educational evaluations, audiology reports, vision assessment or letterhead from a healthcare professional confirming diagnosis/impact of disability.

Forms completed outside of the electronic form process and any supplemental documentation should be provided to Disability Support Services by uploading into the AIM portal [located at this link](#).

<https://hayes.accessiblelearning.com/SHU/ApplicationStudent.aspx>

Housing Accommodation Request Deadlines

Completed form and documentation must be received by the deadlines posted on the [website](#) to be considered for housing accommodations. Review all information on website for additional information applicable to Housing Accommodation Requests.

Any approved housing accommodation will be assigned by Residence Life on a space-available basis.

Housing Accommodation requests submitted after the posted deadline dates will continue to be reviewed; however, approved housing accommodations will be on a space available basis.

Students requesting a housing accommodation must also complete the standard SHU housing application through the Residence Life portal and pay the housing deposit by the deadlines posted: <https://www.shu.edu/residence-life/>.

Emotional Support Animal Accommodation Request

An Accommodation request for Emotional Support Animal (ESA) requires completion of an additional separate form available on [the website](#) (<https://www.shu.edu/disability-support-services/forms.html>) due to information required about the animal. Any approved accommodation may be limited by space available in the Residence Halls.

ESA Accommodation Request form must be submitted by date indicated on website. Requests submitted after that date will be reviewed, however approved accommodations will be limited to space available. Review information on website for additional information.

Disability Support Services

Disability Support Services is comprised of professional staff members working with students who choose to disclose a disability. Staff evaluate all student accommodation requests and contact the appropriate departments or resources to help facilitate reasonable accommodation as necessary. Reasonable accommodation is granted for the period specified in the accommodation decision letter. Depending on the nature of the accommodation, students may need to reapply each semester or each academic year, which staff will discuss with students. Please understand that submission of this form does not guarantee the specific accommodation requested will be granted.

Questions? Please contact DSS at: (973) 313-6003

Email: DSS@shu.edu

Fax: 973-761-9185

Part I: To be completed by the student

Student Name:

SHU ID#:

SHU Email Address:

Student Cell Phone #:

Status (Check all that apply):

Returning

Undergraduate

Graduate

Transfer Student

Law Student

Year in School:

Freshman

Sophomore

Junior

Senior

Graduate

Law

Campus Location (where are your classes held?):

Main Campus (South Orange)

IHSC (Nutley)

Law School (Newark)

Type of Accommodation Being Requested (Check all that apply):

Academic

Housing

Parking

Dining

IMPORTANT NOTICE: Accommodation requests for Housing, Parking, and Dining **MUST** be submitted each year for which they are requested. Accommodations for Housing, Parking, and Dining are reviewed annually and are dependent upon request for and approval of accommodations each year.

Accommodation requests for Academics/classes do not have to be resubmitted each year. However, should the student's disability or medical condition change, or should the student and medical provider recommend review of approved accommodations, the Accommodation Request and Documentation Form does need to be resubmitted to detail the change.

Term for Which Accommodation are being requested:

Fall Semester

Spring Semester

Winter Session

Summer Session

Academic Year

Temporary_____

Consent for Release of Information:

I authorize _____ (physician/evaluator's name) to disclose the information requested in this form to Seton Hall University for the purpose of evaluating my request for reasonable accommodations. Additionally, I acknowledge that the information provided in this form may be shared on a need-to-know basis with appropriate Seton Hall University staff and faculty who have a legitimate educational interest in order to make a proper determination of necessary accommodations, to facilitate my accommodation request and/or coordinate services.

Student's Signature:

Date:

Part II: To be completed by physician/evaluator

Required Disability Information (to be completed in full by physician/evaluator):

1. Diagnosis/ Description of Disability:

2. Please provide full DSM or ICD-9 Code:

3. Initial Date of Diagnosis:

4. Date of Last Clinical Contact:

5. Please state the frequency and duration of symptoms of the student's condition:

Daily 1/x Week 1-3/x Week 1x/Month 1-3x/ Year Seasonal

None-Symptoms under control with medication

6. Is the student's disability:

Temporary

Permanent

Episodic

7. If related to parking accommodation request, please specify distance to and frequency of appointments.

8. If a request is for an ESA, please explain how the animal will alleviate the student's disability-related functional limitations.

9. Describe the substantial limitation of one or more life activities as a result of the disability associated with academics and/or residential life (residential life specific to housing accommodation request only):

10. List current and past treatment for this student's disability including medications, dosage frequency and potential adverse side effects of these:

11. What specific, college-based accommodations would you recommend for this student based on the disability-related impairments you indicated above? Please explain how these accommodations will reduce the effects that the student's impairment may have on performance and functioning:

12. Please include any other information that may help us understand this student's impairment/needs:

Healthcare Provider Information (to be completed by physician/evaluator)

Name and Title:

Specialty:

Office Address:

Phone Number:

Email:

License/Certification Number:

State of License/Certification:

Signature:

Date:

If you are printing and completing the form by hand, please submit the completed form and any supplemental documentation to Disability Support Services by:

- **Email (scanned copy):** DSS@shu.edu
- **Fax:** 973-761-9185

For questions, please call (973) 313-6003.