



Initial Intake Disabilities Data Sheet for Accommodations

Additional information available at www.law.stetson.edu/disability

Instructions: Please complete this form, attach appropriate documentation, and submit to the ADA Coordinator. Where necessary, attach additional sheets in order to fully answer all questions. NOTE: This completed request and the appropriate medical documentation in support must be completed before any accommodations are provided.

Name: _____ Student ID: 800 _____

Address: _____

Email Address: _____ Preferred Phone No: _____

Month/Year of Admission: _____ Intended Date of Graduation: _____

Table with 2 columns: Status (check one) and Program (check one). Rows include checkboxes for Full-time student, Part-time student, J.D., LL.M. in Elder Law, and LL.M. in International Law.

Please complete the following (check all that apply and attach additional sheets if necessary):

- 1. What is the nature of your disability?
- Brain Injury (stroke, head trauma, aneurysm, hydrocephalus, etc.)
- Hearing
- Learning Disability (dyslexia, comprehension difficulties, test anxiety, etc.)
- Mobility (arthritis, back/leg/arm injury, carpal tunnel syndrome, fibromyalgia etc.)
- Psychological (anxiety, panic, bipolar, depression, schizophrenia, etc.)
- Speech
- Visual
- Other (ADD/ADHD, asthma, diabetes, migraines, seizures, thyroid or heart condition, etc.)

- 2. What is your prognosis?
- Stable
- Degenerative
- Likely to improve
- Unknown

- 3. How long have you had your disability, or how long have you been diagnosed?
- Most of my life
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years or more

4. Describe how your disability impacts you and the degree of functional impact? It is important that you provide enough information about your disability to support any suggested reasonable accommodations.

5. What, if anything, do you do to lessen or negate the impact of your disability (for example, take medication(s), use eyeglasses, hearing aids, etc.):

6. Will you receive assistance from an outside agency? Yes No

If yes, please explain: _____

7. Did you receive any accommodation at a previous college or university? Yes No

If yes, please describe in detail all accommodations received, including but not limited to classroom, exam, or other accommodations. Attach additional sheets if necessary.

8. Did you receive extra time or other accommodations for your SAT or LSAT? Yes No

If yes, please explain: _____

Please provide current medical documentation substantiating the existence of the above-described disability or disabilities, testing and /or evaluations from medical, psychological, educational, or neurological sources, and any other information relevant to your disability and the degree of impairment to assist us in evaluating accommodation requests. Documentation must be current (generally, three years is acceptable for most disabilities and five years in some cases depending on type). See the College of Law *Standards for Law Study, Documentation Requirements, and Testing for Disabilities* for additional details at www.law.stetson.edu/disability.

I certify the above statements are true and correct. I acknowledge that any misrepresentation made on this form can be grounds for an Honor Code Proceeding. I give my permission and consent for the College of Law to both receive and release information in a confidential manner regarding my disability for use in educational planning.

Signature: _____

Date: _____