

**ADA Intake Form**

Please complete and submit this form along with appropriate documentation. For details, please see the Documentation Guidelines available online (<http://www.stetson.edu/law/accessibility/doc-guidelines.php>). After receipt of this form and your documentation, the ADA Coordinator will contact you about setting up an intake appointment.

This form can be typed and saved, or printed and hand-written, to be submitted to the ADA Coordinator. Submission can be done via email, in person, by mail, or fax; please see our contact information online <http://www.stetson.edu/law/accessibility/ada-coordinator.php>.

First Name Last Name

 

Student ID (800#) Stetson Law Email

 @law.stetson.edu

Preferred Phone Number (ex: 123-456-7890) Month/Year of Admission

 

Intended Graduation Date (Month\Year) Student Status (Please check one)

 

Program (Please check one)



What is the nature of your disability? (Please be as specific as possible)



What is your prognosis?



How long have you had a diagnosis of your disability?



How long have you experienced symptoms of your disability?



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 requested accommodations.



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.)



Will you receive assistance from an outside agency? 

If yes, please state what agency and describe the assistance to be provided.



Did you receive any accommodations at a previous college or university? 

If yes, please list the accommodations you previously received.



Did you receive accommodations for standardized tests (e.g., LSAT, SAT, ACT)? 

If yes, please state each test and describe the accommodations received.



Please describe the accommodations you are requesting to receive at the College of Law.



Remember, you must submit documentation that supports your request for accommodations. This form and your documentation can be hand-delivered, mailed, or faxed to the ADA Coordinator.

To certify your statements, please check the box and type your name below.

By checking this box, I certify the statements on this form 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 Stetson University College of Law to receive this information and to determine whether pertinent faculty and staff members should be informed of my disability information in order to fully support my needs.

Type or sign your name Date

 