Waldorf College
Initial Online Academic Accommodation Request

I. General Information

Date:_____ Cell phone # _____

Name: _____ Telephone # _____

Address: _____ Waldorf email: _____

_____ Alternate email: _____

Date of Birth: _____ Major: _____

Preferred Contact: □Cell # □Home # □ Waldorf email □ Alt. email □Other (Please list)

Planned Waldorf College Online initial term/class start date: _____

Course # Course Name Professor Dates

II. Disability/Academic Information

What diagnosed disability are you seeking accommodations for? (check all that apply)

____ Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD)
____ Blind/Visual Impairment
____ Brain Injury
____ Chronic Illness
____ Deaf/Hard of Hearing
____ Learning Disability
____ Mental Health Impairment
____ Mobility Impairment
____ Speech Impairment
____ Other (please specify) _____

When was this disability first diagnosed or identified? _____

What documentation do you currently have supporting this diagnosis?

Secondary Schools Attended	Dates (From-To)	Accommodations/Services Used

Colleges/Universities Attended	Dates (From-To)	Accommodations/Services Used

Please describe how your disability affects your online academic performance.

What types of accommodations are helpful to you based on your disability in this setting?

Are you a client of a rehabilitation agency?

____ Department of the Blind
____ Veterans Administration
____ Vocational Rehabilitation

Please list any services provided by this agency, a contact person, and their contact information if they are entitled to know about your academic progress and registration with our disability services office:

Name: _____ Title:_____
Phone: _____ Email: _____

III. Acknowledgement of Services

Waldorf College is committed to providing appropriate accommodations to students with disabilities. These accommodations are provided to assist students with disabilities in their pursuit of an online college degree at Waldorf College. The student, working in conjunction with the Learning Disabilities Specialist, will create an appropriate plan for services that includes reasonable and appropriate accommodations. **A student with a disability must request accommodations each term.**

I understand that the staff of the Academic Achievement Center for Excellence (AACE) at Waldorf College will have access to my file that is maintained in the AACE, as well as to academic and other records at Waldorf College. I also understand that in order to meet my educational needs and access my accommodations, it may be necessary for AACE staff members to contact other Waldorf College personnel/departments and disclose personal information about my accommodations pertaining to my disability, but only on a need to know basis. By completing this form, I consent to such disclosure by the AACE.

I further authorize the AACE to release information regarding my disability, accommodations, and academic standing to the following entitled individuals.

_____ Parent/Guardian _____ & _____

_____ Vocational Rehabilitation Counselor_____

_____ Other:_____

IV. Confidentiality

The staff in the AACE agrees to keep all information you share with us confidential, with the exception of the individuals listed above, unless you authorize the release of this information to another person, agency or educational institution. An exception would be if we are subpoenaed by a court official to disclose such information then we would have to comply with that request.

I, _____ (full name) have read the above statements of services and confidentiality and fully understand the terms and conditions outlined in this document.

_____ _____

(Signature) (Date)

V. Approval of Accommodations:

I understand that completing this form is only the initial step in the accommodation process. As a registered student in an online course(s) at Waldorf College, I understand I will need to communicate with the Learning Disabilities Specialist to discuss appropriate accommodations and that these accommodations will need to be reviewed each online term to check legal aspects and to develop letters to the faculty disclosing accommodation requirements. I understand that degree program requirements cannot be altered and academic standards will not be lowered.

I also understand that I am my own advocate. It is my responsibility to request accommodations and to remind instructors of my accommodations letter from the Learning Disabilities Specialist if needed.

It is my responsibility to report any concerns/problems I may have regarding accommodations to the Learning Disabilities Specialist at Waldorf College. Grievance policy information is available from the Academic Achievement Center.

Documentation of my disability must be provided to the Learning Disabilities Specialist in a timely matter before accommodations can be provided. I realize that I may need to obtain additional documentation if I submit documentation that lacks certain required attributes and that some accommodations may not be able to be granted until the required documentation is obtained.

I understand upon transferring to another educational institution. It is my responsibility to consult with the transfer institution regarding their documentation requirements and it is my responsibility to obtain additional documentation the transfer institution might request.

I affirm that the information contained in this form is true and accurate to the best of my knowledge. If any information changes, I will notify the Learning Disabilities Specialist immediately.

_____ _____
(Student Signature) (Date)

Return this accommodation request form and diagnostic documentation with suggested accommodations to:

Learning Disabilities Specialist
Waldorf College
106 South Sixth Street
Forest City, IA 50436

Or fax to: 641-585-8194