



GOLDFARB SCHOOL OF NURSING DISABILITY SERVICES ACCOMMODATIONS REQUEST FORM

NOTE: In order to best track accommodations request, we ask that all applications be submitted electronically to the following email address: June.Cowell-Oates@barnesjewishcollege.edu

Academic Year Requesting Accommodations (e.g., 2021, 2022, etc.):							
Name:				Date:			
GSON #:				DOB:			
Home City, State, Zip:				Phone #:			
GSON email address:							
Check Term:		<input type="checkbox"/> Spring		<input type="checkbox"/> Summer		<input type="checkbox"/> Fall	
Program:	<input type="checkbox"/> BSN ACL	<input type="checkbox"/> BSN UD-Duncan	<input type="checkbox"/> BSN UD WEO	<input type="checkbox"/> NURSE PRAC	<input type="checkbox"/> GRADUATE	<input type="checkbox"/> SRNA/CRNA	<input type="checkbox"/> DNP
What term are you in now? _____							
When do you expect to graduate? _____							

Requesting academic accommodations for the following diagnosed disabilities

(check all that apply):

<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Traumatic Brain Injury	<input type="checkbox"/>	Physical Impairment
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	Psychological Disability, please specify:				
<input type="checkbox"/>	Other, please specify:				

Are you currently connected with Student Support Services? Yes No

Please provide Academic and Student Support Advisor. _____

Have you previously received accommodations? Yes No

What type(s) of academic accommodation(s) are you requesting?

Please provide a list of accommodations requested below (even if they may not apply to all classes):

Please provide a brief written narrative of the functional impact your disability has on your academic experiences
(How do you experience your disability/What challenges or obstacles have been present):

Please feel free to attach an additional page if you wish to add more information.

Documentation and Accommodations

I understand that requests for academic accommodations must be accompanied by current documentation of my diagnosed disability. (Barnes-Jewish College Goldfarb School of Nursing follows the Missouri State Board of Nursing guidelines.) The documentation that I present to Disability Services must meet documentation guidance relevant to my academic coursework. While I can request accommodations, Disability Services has the right to determine appropriate and reasonable accommodations for my situation based on the information I provide. Disability Services final accommodation decision(s) may or may not coincide with information presented in the documentation and/or my personal preference. If I am informed that I need additional, up-to-date documentation for a specific accommodation request, I understand I am personally responsible for obtaining this information per general higher education procedures.

All documentations will be solely used for the purpose of determining both service eligibility and reasonable accommodations to be provided. **Information from my documentation and specific reference of my diagnosed disability will not be placed on any official academic records or transcripts.**

All supporting documentation must be submitted at the time of the request for accommodations.

I have read the above information and understand the process and my responsibilities in seeking academic accommodations at Barnes-Jewish College Goldfarb School of Nursing

Student Signature: _____

Date: _____

Release of Information

I, _____, hereby authorize and request that Disability Services release and/or obtain all confidential information required in the course of the evaluations and treatments of my disability. *This information is to be solely used for the purpose of providing academic accommodations.* I give Disability Services permission to speak with the following people on my behalf without my need to provide additional consent:

By marking the following boxes, I give the Disability Services my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging academic accommodations and related support services:

GSON Faculty and GSON Staff

Parents

Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)

Service providers (Vocational Rehabilitation, interpreters, etc.)

Other (spouse, guardian, etc., please specify)

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire one year from the signature date below.**

I will need to renew this release after this date to continue receiving accommodation.

In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student Signature: _____ Date: _____

Please submit this form to Disability Services Coordinator, Dr. June Cowell-Oates, as an email attachment to June.Cowell-Oates@barnesjewishcollege.edu. Please note that some accommodations, including but not limited to, alternate format materials, take time to arrange. Therefore, timely submission of your requests and appropriate documentation are essential.

Your application for accommodations will expire at the conclusion of each academic term.