



## Disability Attendance Accommodations Request Form

Students are responsible to attend class regularly and meet all deadlines for assignments and exams. Faculty have the right to establish policies to regulate attendance, assignment due dates, and tests. However, if a student has a disability or a health condition that is episodic or cyclical in nature and causes random flare-ups of acute symptoms, they may occasionally miss class or fail to adhere to a scheduled deadline. In these instances, modifying attendance requirements, assignment deadlines and/or exam dates, may be considered a reasonable accommodation. The number of reasonable absences and lengths of extensions will vary and is based on the interactive or participatory nature of a course, as well as any applicable college, departments, and accrediting agency regulations.

The process for determining these accommodations is through Accessible Education Services (AES) and each student's case is considered individually. Students wishing to request these accommodations must register with AES and requests for attendance accommodations must be made prior to the start of the semester in which the accommodations will be needed. Attendance accommodations are not retroactive and requests made after the start of the semester may result in more limited flexibility. Students requesting these accommodations must provide documentation of a disability from a qualified professional. The documentation must verify the disability and must articulate how and why the disability impacts attendance. Students who are determined eligible for this accommodation are responsible for meeting all essential learning outcomes, objectives, and standards of the course and this accommodation does not waive this responsibility. Any student misuse of the accommodation will be subject to Conduct Review Process of the Student Code of Conduct.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ WU Email: \_\_\_\_\_

Year (Fr/Soph/Jr/Sr/Graduate) \_\_\_\_\_ Address: \_\_\_\_\_

**Please answer the following questions:** (you may attach an additional page if necessary)

1. Describe the nature of your disability. Include variability of your condition (amount of change in your condition over a period of time) and possible flare-ups and episodes.

2. How often do you experience flare-ups and how long do they last?

3. Describe how those flare-ups impact your ability to participate in and complete academic work.

4. When was the last time you had a flare-up?

5. Can you work on a computer during those times?

6. Do flare-ups require immediate medical attention?

7. Would taking a reduced course load or the natural attendance policy in your syllabi accommodate the number of absences you anticipate needing?

**Documentation of Disability:**

You must provide documentation from a reliable third-party (e.g., a physician or other medical professional), establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to succeed in college. Students may provide documentation as indicated in the **Documentation Guidelines**, or may have their provider complete the **Disability Attendance Accommodation Eligibility Form**.

**Send to:** Jeff Larson, Director of Accessible Education Services  
Willamette University, 900 State Street, Salem, OR  
97301 Phone: 503-370-6737 | Fax: 503-370-6647  
Email: [accessible-info@willamette.edu](mailto:accessible-info@willamette.edu)

## **Disability Attendance Accommodation Eligibility Form (p. 1 of 2)**

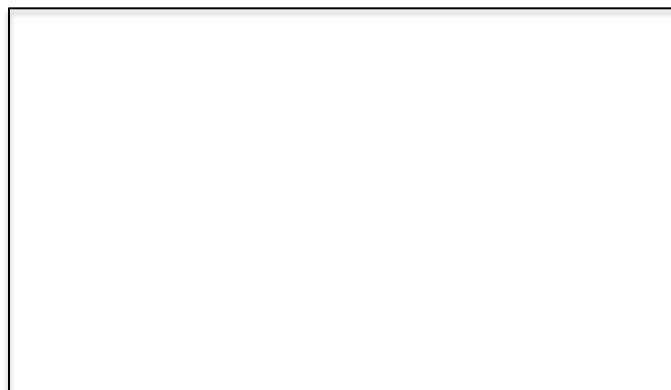
This *Disability Attendance Accommodation Eligibility Form* was designed to assist the office of Accessible Education Services in providing appropriate and effective academic accommodations. We are required to maintain confidential records of this student's medical conditions for the purpose of academic accommodation according to Section 504 of the Rehabilitation Act of 1973 and the ADA of 2009.

A qualified professional must complete this form in order for it to be reviewed by Accessible Education Services. "Qualified professionals" must have comprehensive training with regard to the specific disability being addressed and direct experience with an adolescent and/or adult population. The qualified professional must not be a family member, and has preferably already been treating the student so that they have a strong understanding of the student's needs.

**Students requesting an attendance accommodation must provide current documentation of their disability** to ensure the provision of reasonable and appropriate accommodations. This documentation should include information regarding:

- The disability diagnosis
- Tests and assessments used to diagnose disability
- The onset, longevity, and severity of symptoms
- A specific description how the impact of the disability interferes with the student's ability to regularly attend class (include frequency of flare-ups).
- An assessment of student's current level of functioning and a prognosis of the length of time an attendance accommodation will be needed.

**Evaluator: Please attach your business card in the space below.**





## Disability Attendance Accommodation Eligibility Form (p. 2 of 2)

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**WU Email:** \_\_\_\_\_

*To be completed by the student's qualified treating professional.  
Please attach an additional page if necessary.*

1. Diagnosis of disability: \_\_\_\_\_
2. Date of diagnosis: \_\_\_\_\_
3. Expected duration of diagnosis: \_\_\_\_\_
4. Date of last visit for this condition: \_\_\_\_\_
5. Procedures/assessments used to diagnose this condition:  
\_\_\_\_\_
6. Nature of symptoms and functional limitations:  
\_\_\_\_\_
7. How often does this student experience the symptoms and functional limitations described in question 6?  
Avoid ambiguous terms like often, unknown, etc. If symptoms and functional limitations occur daily, be specific about approximate times of day and duration of symptoms.  
\_\_\_\_\_
8. What is the impact of the condition specifically on the student's ability to attend class? How does it typically cycle? How many episodic flare-ups can be anticipated in a fifteen week period (length of time of a semester)?  
\_\_\_\_\_
9. What is the severity of the impact described in question 8?  
\_\_\_\_\_
10. Does the student take any medications for this condition? Circle one: Yes / No
  - a. If you circled "Yes," list those medications and any side effects that affect functioning:  
\_\_\_\_\_
11. Are there any treatments or strategies you would recommend to foster increased class attendance for this student? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Is there any other information you would like to add that might be helpful to us in working with this student?  
\_\_\_\_\_  
\_\_\_\_\_

**Professional's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Provider Credential/License:** \_\_\_\_\_

**License number:** \_\_\_\_\_