



Request for Accommodations and Academic Support

WSU Tech works with students to ensure a positive educational experience and equal access to educational opportunities and programs. Students with disabilities may request academic accommodations by completing the information below, signing a Release of Information to allow Disability Services staff to communicate with the appropriate personnel, and by providing documentation of disability completed by a licensed professional.

Name _____ Date of Birth _____

WSU Tech ID _____ Course of Program Study _____

Permanent Address _____ City/State/ZIP _____

Daytime phone _____ Email _____

Shocker Pathway Student ____ Yes ____ No If yes, Program of Study _____

Please Provide Disability Information or Disability Description Below:

- Vision _____
- Mobility/Ortho _____
- Hearing _____
- Learning Disability _____
- Speech _____
- Other _____

Please list Nature of Requested Services or Accommodations below:

Accommodations needed in classroom: _____

Auxiliary aids (Equipment/Services): _____

Other: _____

Accommodations and Auxiliary aids: Students are responsible for requesting accommodations or auxiliary aids in a timely manner. Requests should be made at least two weeks before courses, programs or activities begin. Students are responsible for making a written request for assistance to obtain specialized support services from other resources such as State Vocational Rehabilitation, Recordings for the Blind, State Services for the blind, etc. I, the student, understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist, or professional to Disability Services.

Student Signature _____ Date _____

Please return this confidential document to:

WSU Tech -Disability Services
3821 E. Harry, Wichita, KS 67218
316.677.1065/Fax: 316.462.0716
disabilityservices@wsutech.edu

If you need assistance completing this form, please contact Disability Services



Release of Information

Name _____ Student Id# _____

Date of Birth _____

I give the Disability Services Department at WSU Tech, permission to share information with the following persons and/or agencies:

_____ All agencies and/or persons with a legitimate need to know.

Or check specific groups below with whom WSU Tech may share information:

_____ Wichita State University Department of Disability Services

_____ All Faculty

_____ Specific faculty—please specify: _____

_____ Case manager or school counselor name, school, phone #: _____

_____ Other college personnel; such as Academic Advisor, Financial Aid, Success Coach

_____ Medical/counseling facilities

_____ Recordings for the blind

_____ Department of Rehabilitation; Department of Veteran Affairs

_____ Other (parents, guardians, spouses, family members) please specify: _____

I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist, or professional, to Disability Services. This confidential form will be in effect from the date signed and will remain effective during my registration at WSU Tech.

I understand that if I need to make changes to those I am giving permission for you to share my information, I will request and fill out a new form.

Student Signature _____ Date _____

WSU Tech does not discriminate with regard to race, religion, color, sex, disability, national origin or ancestry, age or gender in its admissions, progress, or activities. Persons with questions may contact Human Resources Director, 4004 N Webb Rd, Wichita, KS 67226 (316) 677-9400.

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Documentation of Disability

(To be completed by a licensed Physician, Psychologist or other licensed professional)

Name of physician, psychologist, or professional _____

Address _____ Day Telephone _____

City/State/ZIP _____ Evening Phone _____

By signing this form, I grant permission for information concerning my disability to be released to WSU Tech and/or Wichita State University, Office of Disability Services. All documentation of disability information is treated as confidential material.

Student Name _____ Student Date of Birth _____

Student Signature _____ Date _____

Disability Verification

(This section to be completed by physician, psychologist, or licensed professional)

In order to provide students with special education services designed to help them be more successful at WSU Tech and/or Wichita State University, a verification of the student's disability is required. Please provide the following information:

Date of Diagnosis _____

Diagnosis (DSM Criteria-if applicable) _____

Process/testing used to determine diagnosis: _____

Functional limitations resulting from the condition/disorder that would, in your opinion, impede the student's educational performance. Please check all that apply:

_____ Poor concentration, distractibility and/or confusion:

_____ Intense anxiety, phobia and /or panic.

_____ Distraction due to unproductive thoughts or behaviors.

_____ Difficulty completing enrollment process due to crowds, long lines, decision making and/or completing assignments.

_____ Problems hearing and/or speaking during discussions in class.

_____ Problems with interpersonal relations or speaking during discussions in class.

_____ Other—(parents, guardians, spouses, family members,) please specify: _____

Please List Recommended Services, Accommodations or Auxiliary Aids below: _____

Physician/Psychologist/Professional Signature _____ Date _____

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