### Information for Students with Disabilities

The Academy is committed to making appropriate and reasonable academic adjustments to accommodate the needs of students with disabilities in accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 and the requirements of the Americans with Disabilities Act of 1990. All accommodations must be approved by the Academy. The Academy is not required to provide any academic accommodation that would result in a fundamental alteration of the academic program.

#### <u>Eligibility</u>

To determine **eligibility for services for a psychological disability or impairment**, the Academy requires current, complete documentation from <u>a qualified diagnosing</u> **professional** (i.e., licensed psychologists, psychiatrists, neurologists, or in some instances, general practice physicians; in addition, the diagnosing professional must have expertise in the differential diagnosis of the documented mental disorders and follow established practices in the field). Complete documentation consists of a comprehensive report provided to the Academy by a qualified diagnosing professional containing all of the following information:

- Date of the most recent visit to the diagnosing professional
- A complete, multi-axial, DSM-IV diagnosis (all five axes), and date of assessment
- Basis for the diagnosis (include data from tests, clinical interviews, school history, etc.) and accompanying documentation (within the past three years)
- Individualized, complete, and current description of any diagnosed mental disorders, their severity, treatment, and prognosis
- Individualized assessment of any current, related medication issues and their extent
- Individualized description of any current functional limitations, and their extent, as a direct result of the disorder
- Statement of the extent to which any functional limitations are mitigated by current treatment (including medication).

# The Academy reserves the right to request supplemental information to verify a student's current functional limitations.

#### Accommodations and Support Services

Requests for accommodations are considered on an individual basis by taking into account institutional obligations to provide equal access to educational opportunities, documented current functional limitations, and the student's course requirements. It is the student's responsibility to submit all requests for disability-based accommodations *each academic year*.

#### Information for Students with Disabilities

#### Submission of forms and documentation

Forms are available online at \_\_\_\_\_

or a paper copy may be obtained from the Registrar. Online forms may be filled out and submitted electronically to: registrar@acupuncturist.edu.

All other printed forms and pertinent documentation should be sealed in an envelope marked **confidential**, and sent to or dropped off at:

Registrar Academy for Five Element Acupuncture 305 SE 2<sup>nd</sup> Avenue, Gainesville, FL 32601

# **Request for Accommodation**

Name						Today's Date		
Email				Pho	ne			
Mailing	address							
May we	leave a detai	led voice i	message if necessary?		Yes	No		
Prospective student Anticipated enrollment date								
Enr	Enrolled student Class #							
Please identify any disorders/impairments for which you have been diagnosed.								
Please identify any other condition(s) affecting your ability to succeed in the program (if any):								
What accommodations are you seeking?								
By choc	ving the field	bolow L	understand that:					
By checking the fields below, I understand that:								
Information shared with the Academy will be kept confidential.								
The Academy will make the final determination of eligibility for accommodation.								
Completion of this form does not guarantee academic accommodations.								
Accommodations may be provided only after submitting ALL pertinent documentation.								
Signatur	e			D	ate			
Please submit this completed form to registrar@acupuncturist.edu								

## **Request for Letters of Accommodation**

#### Instructions

\* Fill out this form, save it, and send it as an email attachment to <u>registrar@acupuncturist.edu</u>. If you would prefer to provide this information via telephone or in person, please schedule an appointment with the Registrar at <u>registrar@acupuncturist.edu</u>

\* Submit a new "Request for Letters of Accommodation" prior to the start of classes each academic year. The Registrar can provide the dates for your academic years.

Name	Today's Date	
Email	Phone	

How many letters are you requesting?

#### Please check all that apply:

No changes need to be made to my original letter of accommodation.

If you do not check this box, please email <u>registrar@acupuncturist.edu</u> to make a specific request for changes to your letter.

I would like the Registrar to send my letters electronically to my teachers via email and copy me on each message.

I would like to give a hard copy of my letters to my teachers personally.

This request is for academic year: Year 20