



Office of Academic Support and Disability Services

DISABILITY ACCOMMODATION REQUEST FORM

PERSONAL INFORMATION

TJS ID #		
First Name		
Last Name		
Middle Name		
Preferred Name		
TJS Email		
Phone	Preferred Gender Pronouns	
Age	Birthdate	
Major	Degree	Graduation Date
Local Address	City, State, Zip	
Home Address	City, State, Zip	
		Country
JSNY, USA or TJS, China Campus:		
Emergency Contact	Name	
Address		City, State, Zip
		Country
	Phone	
	Email	
	Relationship	
Signature		Date
Type or print name here		Date

Student/Parent or Guardian (If student is under 18 years of age)

ACCESSIBILITY INFORMATION (Please check all that apply):

Diagnosis	
<input type="checkbox"/> ADD / ADHD:	<input type="checkbox"/> Mobility:
<input type="checkbox"/> Autism Spectrum Disorder:	<input type="checkbox"/> Neurological:
<input type="checkbox"/> Chronic Medical Condition:	<input type="checkbox"/> Psychological:
<input type="checkbox"/> Cognitive:	<input type="checkbox"/> Speech:
<input type="checkbox"/> Communication:	<input type="checkbox"/> Substance Abuse:
<input type="checkbox"/> Eating Disorder:	<input type="checkbox"/> Traumatic Brain Injury:
<input type="checkbox"/> Emotional:	<input type="checkbox"/> Visual:
<input type="checkbox"/> Hearing:	<input type="checkbox"/> Other:
<input type="checkbox"/> Learning:	<input type="checkbox"/>

My disability is... ☐ Permanent ☐ Chronic ☐ Temporary ☐ N/A



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If your disability is temporary please indicate the expected duration here...

What year were you diagnosed (for each diagnosis)?

Briefly describe your disability (*Provide details on how the current disability impacts your ability to participate in your educational.*)

Please describe the accommodations you received in the past, indicate when you received them, and how they assisted you.

Please describe the type of supporting documentation you are submitting or plan to submit (*for a description of types of *Supporting Documentation, see section below*).

**List all medications and/or medical equipment you use to manage your disability?
Please describe how they assist you.**

Would you like to schedule weekly or bi-weekly meetings with ODSS Staff?

☐ YES

☐ NO

PLEASE CHECK THE ACCOMMODATIONS ARE YOU REQUESTING:

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Assistive listening devices | <input type="checkbox"/> Note taking assistance with taking notes. |
| <input type="checkbox"/> Attendance Accommodation | <input type="checkbox"/> Personal computer for note taking in class. |
| <input type="checkbox"/> Audio recorder to record lectures. | <input type="checkbox"/> Software_____ |
| <input type="checkbox"/> Books in alternative format | <input type="checkbox"/> Residential Accommodation |
| <input type="checkbox"/> Braille materials | <input type="checkbox"/> Scribe speech to text software (Dragon) on exams. |
| <input type="checkbox"/> Captioning services (e.g. CART, closed- captioning) | <input type="checkbox"/> Sign language interpreters. |
| <input type="checkbox"/> Desktop video magnifiers. | <input type="checkbox"/> Spellcheck on essays and writing assignments |
| <input type="checkbox"/> Distraction Reduced testing environment | <input type="checkbox"/> Text to speech reader on examinations |
| <input type="checkbox"/> Early access to course material | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Extended time on assignments | |
| <input type="checkbox"/> Extended time on examinations | |
-

My *Supporting Documentation is included with this request form.

☐ YES

☐ NO

***Supporting Documentation**

Supporting documentation should (preferably be on professional letterhead) contain the following information:

- 1. Diagnoses of all disabilities for which accommodations are requested, including elaborations on the treatment(s), medication(s), assistive device(s), and service(s) prescribed or recommended.**
- 2. A list of the functional limitations that the student will experience in an academic environment as a result of the documented disability. This includes a brief description of the impact of the disability over time (i.e., is the impact permanent or temporary?)**
- 3. Any suggestion for reasonable academic accommodations related to the disability.**

In addition to the information mentioned above, documentation should include the license number and professional credentials of the diagnosing professional(s) and the date the evaluation was conducted.

**Please note that an IEP or 504 Plans are acceptable supporting documentation, but do not automatically qualify a student for accommodations and, in some cases, may not provide the information necessary to indicate a need for accommodations.*

Confidentiality

The Juilliard School and OASDS take student confidentiality seriously. Under disability law, students have the right to choose whether or not to self-disclose their disability. OASDS will not release a student's disability status, documentation, or communications to individuals outside of The Juilliard School without explicit permission from the student. However, under disability law, colleges have the right to disclose a student's disability information to other faculty and staff members or service providers on a need-to-know basis. Additionally, OASDS will disclose information regarding a student's disability in emergencies that directly involve the student's health and safety or the safety of another student.

Documentation should be submitted to:

The Juilliard School
Attn: Office of Academic Support and Disability
Services
60 Lincoln Center Plaza, Rm 245B
New York, NY 10023
Phone: 212.799.5000, Ext. 320
Oasds@Juilliard.edu
FAX: 646.504.4161
Juilliard.edu