

# Accessibility Services

137 Rick Francis Street, MSB II, 2nd Floor, 2C201 • El Paso, TX 79905

Phone: 915-215-4398 • Fax: 915-215-4777

disabilitysupport.elp@ttuhsc.edu • <https://elpaso.ttuhsc.edu/student-services/office-of-academic-and-disability-support-services/default.aspx>

## ACCESSIBILITY SERVICES SELF-DISCLOSURE & ACCOMMODATION REQUEST FORM

Any student wishing to self-disclose as having a disability or request accommodations should complete the form below. All information provided, including any documentation submitted to substantiate your disability, will be kept confidential.

Please **PRINT or TYPE** the information below, attaching extra pages as necessary.

### I. PERSONAL INFORMATION

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Date: \_\_\_\_\_ R#: \_\_\_\_\_

Name: \_\_\_\_\_

School:  PLFSOM  GGHSON  FGSBS  WLHSDM Expected Graduation Year: \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Can a message be left at the number listed above?  Yes  No

Emergency Contact: \_\_\_\_\_  
*Name* *Relationship*

Emergency Contact Phone: \_\_\_\_\_

I give Accessibility Services permission to contact my emergency contact should they determine that an emergency situation exists.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### II. DISABILITY INFORMATION

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Nature of Impairment: (Circle all that Apply)

- Learning Disability     ADHD     Traumatic Brain Injury/Closed Head Injury     Hearing Impairment
- Mobility Impairment     Physical Impairment     Chronic Illness     Visual Impairment
- Psychological Impairment     Medical Illness     Other (Please Specify) \_\_\_\_\_

What accommodations are being requested?

### III. EDUCATIONAL INFORMATION

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Did you receive accommodations at a previous school(s) for this disability?     Yes     No

Which school(s)? \_\_\_\_\_

What accommodations were provided? \_\_\_\_\_

Did you receive accommodations on any standardized test (MCAT, PCAT, DAT)?     Yes     No

If yes, which test? \_\_\_\_\_

What accommodations were provided?

Have you ever been denied accommodations?     Yes     No

If yes, please describe the circumstance.

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Please answer the following questions as thoroughly and honestly as possible in order to assist us in determining what the most appropriate accommodations are for you. Please **PRINT** the information below. Information provided is **CONFIDENTIAL** to the extent allowed by law.

1. What is the specific diagnosis of your disability as made by your provider/clinician?
2. Please describe your disability and how it impacts your daily life activities including academic progress.
3. What compensatory learning/study strategies do you use to assist you in ameliorating the impact of your disability?
4. How will the requested accommodations help you to compensate for your disability?
5. Have you ever received any additional special services for your disability? If so, please describe.

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6. Please list all prescribed and non-prescribed medications related to the disability and describe the side effects, if any, from taking these medications.

7. Are you currently seeing anyone regarding your disability? If so, who and for what purpose?

I understand that the provided information will be used to assist –Accessibility Services in determining the most effective accommodations and/or compensatory strategies for my use. The Manager of Accessibility Services has my permission to contact the medical professional who provided my documentation for further information if necessary. I also give my permission for the aforementioned to contact any providers I am currently seeing regarding my need for accommodations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
–Accessibility Services Staff Signature

\_\_\_\_\_  
Date



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### Student Agreement

The Accessibility Resource Manual should have already been obtained from the - Manager of Accessibility Services, the Accessibility Services Office, or the Student Services webpage. This form has a summary of the procedures and guidelines set forth in this document.

I, \_\_\_\_\_, have carefully read the information in the Resource Manual and agree to abide by the procedures and guidelines set forth in this document. I understand that deviation from these procedures and guidelines may cause some delays in the acquisition of accommodations. I also understand that the appropriateness of accommodations is determined within the context of the curriculum and the way in which the specific disability substantially limits or changes participation in the course. For this reason, I may not be granted all requested accommodations and understand that accommodations may change depending upon changes in the curriculum.

I understand that it is my responsibility to communicate with faculty in a timely manner about the accommodations that I need as well as with the Manager of Accessibility Services. I also understand that all information regarding my disability is confidential and shared only with my written permission.

I understand that an accommodation of extra time is very rarely granted on clinical performance tests and only after considerate deliberation by the Manager of Accessibility Services, the academic affairs officer of the college, and the course director/clerkship director. In addition, I recognize that an approved accommodation at TTUHSC El Paso is not a guarantee that an accommodation would be granted on Board Exams.

I understand that it is my responsibility to contact the Manager of Accessibility Services in the Accessibility Services Office should I have any needs related to my disability.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accessibility Services Staff Signature

\_\_\_\_\_  
Date

