



## **Reasonable Accommodation Request Form**

Casa Loma College provides reasonable accommodations for an otherwise qualified student with a disability in order to provide equal access to college programs and facilities. Students may request reasonable accommodations for disabilities which are physical/sensory, learning, or psychological in nature. Accommodations are provided to individuals on a case-by-case basis. Each individual is unique and each program may impose different barriers to equal access. Questions should be directed to the Disabled Student Services Coordinator, Veronica Pantoja at [veronica.pantoja@casalomacollege.edu](mailto:veronica.pantoja@casalomacollege.edu).

Individuals requesting accommodation are required to self-disclose to the Disabled Student Services Coordinator using this form or an accessible format appropriate for their limitation which generates a durable record as soon as possible so that approved accommodations can be implemented in a timely manner. Information regarding requests for reasonable accommodations is confidential and will be shared only with appropriate personnel, as necessary. In the case of an accommodation based on a status as a victim of domestic violence, sex offense or stalking, your request will be shared with the Disability Student Services Coordinator.

### **When to Apply for Accommodations**

Students are encouraged to request accommodations at the time that they enroll in Casa Loma College but are not required to do so. While the Disabled Student Services Coordinator will review and attempt to fulfill late requests, the delay may result in accommodations not being available at the start of the semester. Accommodations are never retroactive. Accommodations are requested and approved for the duration of the student's enrollment, however, can be adjusted depending on need throughout the program. The College's goal is to provide accommodations that are effective, even though they may not be the specific accommodations requested in all cases.

Please be aware that clinical/internship sites may have different requirements for accommodations. Please use this same form or an accessible format appropriate for the student's limitation when requesting accommodations at your clinical/internship site. Casa Loma College will assist you in working with the clinical site to access reasonable accommodations.

### **How to Apply for Accommodation**

1. Review and complete the Online Reasonable Accommodation Request form which is available on the college website under Student Services > Registrar, or by request from the Disability Student Services Coordinator. Students unable to complete an online request can request a paper copy by contacting the Disability Student Services Coordinator by calling 800-270-5052. An accessible format which generates a durable record may be substituted for a written version of this form where appropriate.

3. Documentation of the student's disability. Documentation of a disability will include, 1) a short meeting with the Disability Student Services Coordinator so that we can better understand the student's disability, the barriers to education that have been addressed and effective/ineffective accommodations



previously received; and 2) documentation from a licensed professional in the area of the student's disability. The documentation should be on official letterhead, signed by the qualified licensed professional and address at a minimum:

- a. Identification of the specific disability and current functional limitation(s), their prognosis, and
- b. Prognosis (permanent or temporary and, if temporary, the anticipated duration)
- c. Recommendation(s) of appropriate accommodation
- d. Side effects of any medication prescribed to treat the disability (if applicable)

The college may request additional information if the information is incomplete or inadequate. The college may also request a second opinion, performed at the cost of the college.

4. The Disability Student Services Coordinator will review the request and work with faculty and staff as appropriate. The student will be notified in writing regarding the outcome of the request.

5. Each student who is offered an accommodation is required to affirmatively indicate their acceptance of the accommodation offered by Casa Loma College. Once accepted by the student, a copy of the accommodations will be sent to the student's program director who will share with the program's faculty.



## Reasonable Accommodation Request Form

Name:

Date:

Academic Program:

Start Date:

Disability (check one):

Physical

Psychological

Learning

Pregnancy

Please check the major life activities that are affected by the disability:

Eating

Memory

Talking

Hearing

Concentration

Breathing

Organization

Vision

Writing

Math Skills

Spelling

Reading

Attendance

Sleeping

Lifting

Standing

Sitting

Walking

Working

Stress

Social

Caring for

Time on Tests

Managing

Interactions

Oneself

Distractions

Requesting accommodations for:

Applicant

New Student

Continuing Student

Clinical Placement

Have you had accommodations at a previous school/College? If Yes, please list"



**Describe in detail how the diagnosed condition is currently impacting your life, and how the condition could impact your ability to perform the essential functions of your program:**

**What specific accommodations are you requesting for lecture and/or Lab portions of your program?**

**What specific accommodations are you requesting for your clinical placement during your program?**



**Acknowledgement: Please initial each statement**

I agree to allow Casa Loma College to communicate with faculty and staff about my condition on a need-to-know basis.

I agree to allow Casa Loma College to communicate with staff at the clinical location about my condition on a need-to-know basis.

I agree to allow Casa Loma College to provide the clinical site with my list of approved accommodations.

I understand that certain limitations may be placed on me that could impact my placement and could increase the timeline for completion of my program/degree.

I understand that all information regarding my request, including medical documentation and the reason(s) for granting or denying accommodations, will be kept confidential. I also understand that if and when reasonable accommodations have been provided to me, I will be held to Casa Loma College's academic standards and degree requirements.

I authorize to allow my health care provider to release records and information regarding my physical or mental disability to Casa Loma College for evaluation of my request for student-related reasonable accommodations.

**Student Signature:**

**Date:**

**Student Name (printed):**



**For Medical Provider Use:**

The below-referenced individual, whom we understand is your patient, has recently requested an accommodation from Casa Loma College. This necessitates that we evaluate the individual's physical or mental condition, in order to determine the individual's ability to perform the essential functions of a student in the program and a professional in the field, with or without reasonable accommodation.

The information provided by you will enable Casa Loma College to engage in an interactive process with the individual, to determine if a reasonable accommodation is necessary and, if so, the type of accommodation.

The college is using this form to establish 1) the nature of the condition, 2) if the condition impacts a major life activity, and 3) what nature of reasonable accommodation is required to assist the student. You may utilize this form or provide this information on your letterhead. The information will be examined on a case-by-case basis and specifically address the impact of the student's condition within the context of the academic requirements for their intended academic program and how it relates to the requested accommodation.

Email completed form to [veronica.pantoja@casalomacollege.edu](mailto:veronica.pantoja@casalomacollege.edu)

**Student Name:**

**Academic Program:**

**Name of Medical Provider:**

**Date:**

**Provider License Number:**

**Address:**

**Phone:**

**Email:**

**Describe how your credentials qualify you to make the requested assessment:**

1. Provide the diagnosis(es):
2. Is the individual named on this form under your care:    Yes                      No
3. How was this condition assessed? Include the names of the assessments if performed:
4. Describe how this condition affects a major life activity (include severity, frequency, pervasiveness):



5. How is this condition treated or managed? Please list side effects which may have a bearing on their ability to perform academic tasks, interact with others, etc.:

6. Recommended Accommodations:

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Medical Provider Signature:

Date:

FOR OFFICE USE ONLY:

Approved

Denied

Approved accommodations:

Name of Evaluating Disabled Student Services Coordinator:

Date: