



Reasonable Accommodations Form

This form should be completed by a qualified provider. This information will be used to determine eligibility for reasonable accommodations while attending the University of Massachusetts Dartmouth. To qualify for accommodations under the Americans with Disabilities Act, the documentation must establish a specific disability that substantially limits one or more major life activities. **A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations.** The documentation must support the request for accommodations and academic adjustments. Please complete all sections of this form thoroughly. Please attach additional information to this form, as needed.

The Accessibility Committee, comprised of representatives from Health Services, Counseling Center, Office of Student Accessibility Services, Housing, and the Office of the Vice Chancellor for Student Affairs, is responsible for reviewing forms submitted for housing, dining, parking, emotional support animal, and other accommodations for students with diagnosed disabilities and accessibility needs.

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State _____

UMass ID# _____ Cell Phone _____

Year: entering first-year continuing first-year sophomore junior
 senior year graduate law

Reasonable accommodations are good for the current academic year, excluding academics. If you submit for the current term, you will need to re-submit for the next academic year.

Please mark which year this request is intended for: current academic year 25-26 next academic year 26-27

UMass E-mail _____

I give permission for a qualified provider to disclose and verify medical, disability, and accessibility information with employees of UMass Dartmouth.

This form is for documenting a student’s disability in order to determine eligibility for services and resources. **This form does not guarantee the approval of the requested accommodation.** Before accommodations can be granted, all supporting documentation from a qualified provider must be on file with the Office of Student Accessibility Services.

For **academic accommodations**, a previous IEP or 504 Plan can be submitted as documentation for review. Please note, in some instances, not all requested accommodations are appropriate at the college level. Please see documentation guidelines for more information: <https://www.umassd.edu/accessibility/documentation-guidelines/>

Student Signature _____

ACCOMODATION INFORMATION

This section is to be completed by a qualified provider. Please print legibly or type responses.

1. Please provide the date of first contact with the student. _____

2. Please state the specific diagnosed disability, including DSM coding, if applicable.

3. What accommodations are you requesting for the student?
 academic dining housing emotional support animal other

Please give detailed information on the reasonable accommodation that is being requested.

4. Is the student/patient currently under your care? yes no
5. Is the student currently receiving medical care or counseling? yes no
6. If a disorder, what is the severity of the disorder? mild moderate severe permanent temporary
Please describe response above:

7. What specific symptoms does the student have that may affect their academic performance?

8. Describe in detail how you evaluated and determined this diagnosis. What instruments or assessments were used?

9. Are there any significant limitations to the student's functioning directly related to the disability?
 yes no
If yes, please describe in detail:

10. What medications and/or what therapies are the student receiving? How will this affect their university performance?

11. Please add any additional information or comments that might be helpful in planning support for the student.

Provider Printed Name _____ Date _____

Provider Signature _____

Title _____ License or Certification Number _____

Address _____ City _____ State _____

Office Phone _____ Office Fax _____

Please hand-deliver the completed form to the Office of Accessibility Services (OSAS) to be reviewed by the Accessibility Committee, located on the first floor of Pinedale Hall, or submit it via fax at 508-910-6691.

For confidentiality reasons, we no longer accept forms or documentation via email and any materials received electronically will be deleted immediately.