

# Erikson Institute

## Student Request for Accommodations

Dear student:

In support of your application for accommodations on the basis of a diagnosed disability or other challenge to learning, please complete this form and return it to Stripe Gandara, Director of Disability Services. If you have any questions, please contact Stripe at [sgandara@erikson.edu](mailto:sgandara@erikson.edu). On receipt of your application, Stripe will contact you to arrange a time to meet.

### Demographic information

Name:	
Address:	
Telephone number:	
Email address:	
Student ID, if known:	
Academic program year: (1 <sup>st</sup> , 2 <sup>nd</sup> , etc.)	
Erikson program you are currently enrolled in (include concentration if you have one):	

## Information about your learning needs

1. Reason for seeking accommodations (describe the nature of your disability, your current diagnosis, and the ways in which your disability presents challenges to your access to fully engaging in learning activities). If you do not have a diagnosed disability, please describe the challenges you think you will be facing in your academic courses and field experiences.

2. If you have a history of receiving accommodations in a previous school, please describe in detail what they were and indicate which accommodations were most helpful to you.

3. If you have documentation available, such as test results, licensed physician's letter, licensed mental health professional's letter, licensed or certified learning disability specialist letter, or previous official school records please indicate it in the box below.

4. Which days and times will you be available to meet with the coordinator of disability services?

While your request for accommodations will be treated with the strictest possible confidentiality, there are some exceptions to this rule. In the case of an emergency, or as a requirement for academic and/or internship planning, we reserve the right to inform those who need to know in order to respond appropriately to your needs. In addition, Erikson is bound by Public Act 096-0107 (P-20 Longitudinal Education Data System Act) to provide the names of students receiving accommodations to the Illinois Board of Higher Education (IBHE). IBHE has developed strict protocols to ensure confidentiality and anonymity. If you have questions or concerns about this please contact Stripe Gandara, [sgandara@erikson.edu](mailto:sgandara@erikson.edu) director of disability services, or Patty Lawson, Chief Compliance Officer, at [plawson@erikson.edu](mailto:plawson@erikson.edu) and we would be happy to discuss your concerns with you.

**Student consent:** I have read the statement above and understand that my name will be forwarded to IBHE for the purposes of longitudinal research and that IBHE has developed the strictest protocols to ensure confidentiality and anonymity:

Student name: \_\_\_\_\_

Signature: \_\_\_\_\_

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