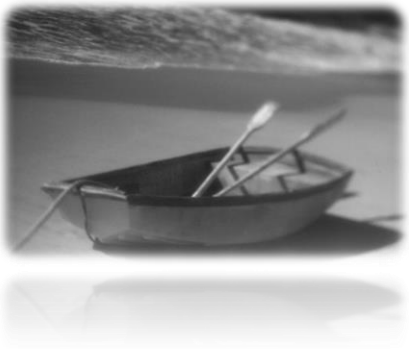

The Cove

Academic Enrichment Center at Cedarville University
251 N. Main Street ~ Cedarville, OH 45314

Disability Services

Voice: 937-766-7457
Fax: 937-766-7419
DisabilityServices@Cedarville.edu

Application for Disability Services

Instructions for application to Disability Services . . .

1. ***Self Identify*** by completing the front and back of this application.
2. ***Submit documentation*** with this application to Disability Services.
   - Documentation must be from a licensed professional (physician, psychologist, etc.) and include comprehensive history on the disability, diagnosis of the disability, limitations or impact of the disability, and current medications.
     **For a learning disability or attention deficit disorder, aptitude and achievement testing with a summary of assessment findings must be part of your documentation.*
   - If applicable, include a copy of your most recent multi-factored evaluation (MFE), Individualized Education Plan (IEP), 504 Plan, or narrative outlining services received from a previous college.
3. ***Attend Pre-Service Interview***: You will be notified by e-mail to set up a pre-service interview with the Disabilities Compliance Coordinator after your application and documentation are received and reviewed.

Further details on documentation requirements and the Disability Services process can be found at www.Cedarville.edu/disabilityservices

Name _____ Current Date _____/_____/_____

CU E-mail _____ CU Student I.D. _____

Year/Semester of Entry to CU: □ Fall 20_____ □ Spring 20_____ □ Summer Session _____ 20_____

Current Class Status: □ Freshman □ Sophomore □ Junior □ Senior □ Graduate

If you are a transfer student, from what college or university? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

Please identify all limitations that impact your major life activities and/or your academic performance:

	Attention Deficit/Hyperactivity*		Mobility
	Specific Learning Disability*		Orthopedic
	Mental Health		Autism Spectrum
	Vision		Traumatic Brain Injury
	Speech/Language		Other:
	Hearing		

If you are a consumer of Vocational Rehabilitation Services in your state, please supply your counselor's information:

Name _____ *E-mail/Phone*_____

⇨

1. Describe each limitation you identified on Side 1. Include specific diagnoses, severity of each diagnosis, and the impact of each limitation on your academic performance and activities of daily living.
2. List the academic accommodations and/or services you are requesting. Include adaptive technology and any assistive devices.
3. List any past academic accommodations and support services you have received, including any augmentative or assistive devices used, ACT/SAT accommodations, IEP accommodations, and 504 plan accommodations.
4. List current medications or treatments and any side effects that impact your academic performance.

I understand that my file must be complete with my application and documentation before receiving a pre-service interview.
I understand that the information submitted to Disability Services is confidential and will not become part of my academic record.

Student Signature _____ Date _____