



ST JOHN'S College

SANTA FE • ANNAPOLIS

Dear Incoming Student,

St. John's College is committed to fostering an inclusive environment for all students where diversity is valued in the pursuit of knowledge. Each student brings unique perspectives, abilities, and skills which together form the greater community in which we live, work, and learn. Students with disabilities are just one group of students that comprise our diverse community.

St. John's College works with students seeking reasonable accommodations as outlined in the Americans with Disabilities Act and Section 504 of the Rehabilitation Act including academic accommodations, housing accommodations, and policy accommodations. If you would like accommodations, please submit the attached "Request for Accommodations" form and associated documentation supporting your request to start the review process. Once you have made a request and submitted the appropriate documentation, it will be reviewed and you will receive an email with information about next steps.

Students are not required to register for accommodations, identify themselves to any members of the College community as a person with a disability, or utilize accommodations they do not need or want. Accommodation requests are evaluated on a case-by-case basis within the structure of the College program. Accommodations are not retroactive, so it is important that you seek accommodations in a timely fashion to avoid unanticipated consequences.

Should you have any questions or would like to discuss your specific needs, please email me at christine.guevara@sjc.edu.

Sincerely,

Christine Guevara

Christine Guevara
Executive Director of Health and Wellness



**ST JOHN'S
College**

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Request for Accommodation

STUDENT INFORMATION

Name: _____ Date: _____

Email: _____ Home Phone: _____ Cell Phone: _____

PLEASE ANSWER THE QUESTIONS BELOW:

Degree: Undergraduate Graduate Expected Graduation Year: _____

Please describe (1) your disability and (2) its anticipated impact on your academic and student life:

Please describe previous accommodations, including academic, residential, medical, therapeutic, facilities access, technology, time adjustments, transportation, etc. :

CLINICAL DOCUMENTATION:

Name of Clinician/Evaluator: _____ Phone/Email: _____

Address: _____

Name of Clinician/Evaluator: _____ Phone/Email: _____

Address: _____

ANTICIPATED NEEDS:

Please check anticipated needs based on your documentation:

Please note this list is not exhaustive.

- Access Technology
- Alternative format course materials (e-text, hard copy, etc.)
- Remote CART/ Sign Language Interpreter
- Housing Accommodations (for students with disabilities)
- Time adjustments
- Other: _____

Please send/submit form and your clinical documentation to:

Christine Guevara
Executive Director of Campus Health
and Wellness
christine.guevara@sjc.edu

The information I have provided is accurate to the best of my knowledge. I authorize Christine Guevara, Executive Director of Campus Health and Wellness to consult, as needed, with clinicians to clarify documentation.

Student Signature

Documentation Requirements

- **Learning/Cognitive Disabilities, including Attention Deficit/Hyperactivity Disorder**
 - The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
 - Diagnostic overview (including specific diagnosis using DSM-5); a description of the problem(s) reported by the student; relevant medical/psychological history; family history; and, as appropriate, a discussion of dual diagnosis. Academic and educational history must be included.
 - Testing that demonstrates the limitation of a major life activity as a result of the disability. Evidence of a substantial limitation to learning or other aspects of academic performance must be apparent. The domains to be assessed should include aptitude, academic achievement (reading, mathematics, and written and oral language) and information processing (short and long-term and sequential memory, auditory and visual processing, processing speed, and executive functioning). Test scores should be provided for all measures and appropriate for an adolescent or adult population. Testing must have occurred within the past three years.
 - Clinical Summary, containing the following components: an interpretation of the test findings that lead to the diagnosis; a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

- **Chronic Health Conditions/Physical Disabilities**
 - The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
 - Diagnostic overview, including date of first onset, specific interventions, medications, prognosis, and, as appropriate, a discussion of dual diagnosis. Please note that vague descriptions will not be sufficient to evaluate the need for accommodations.
 - Testing that demonstrates the limitation of a major life activity as a result of the disability. Evidence of a substantial limitation to learning or other aspects of academic performance must be apparent. Testing should be recent, as appropriate. If the disability is long-standing in nature, the letter must include the history of the diagnosis, any evolution in presentation, and the frequency of the functional limitation.
 - Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

- **Hearing Disability**
 - The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
 - Diagnostic overview, including date of first onset, specific interventions, prognosis, and, as appropriate, a discussion of dual diagnosis.
 - Documentation should include a signed and dated audiological evaluation report or audiogram (or both).

- Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.
- Vision Disability
 - The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
 - Diagnostic overview, including date of first onset, specific interventions, prognosis, and, as appropriate, a discussion of dual diagnosis.
 - Documentation should include the results of a recent eye examine that outlines the extent of the vision loss.
 - Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.
- Psychological/Psychiatric Disabilities
 - The letter must be written on letterhead, dated, signed and include the name, area of specialty, and credentials of the person writing the evaluation. Please note evaluations from family members will not be considered.
 - Diagnostic overview (including specific diagnosis using DSM-5); a description of the presenting symptoms; history of symptom onset; prognosis; and, as appropriate, a discussion of dual diagnosis.
 - Medication management plan that includes side effects or treatment details that could impact academic performance, as appropriate.
 - Clinical Summary, containing the following components: a description of the effects of that diagnosis on the student's academic performance; recommendations for specific accommodations with a clear justification for how those accommodations will mediate academic performance difficulties.

Regardless of diagnosis, the documentation must substantiate a limitation of a major life activity based on the identified disability(ies). Students are free to submit any additional information beyond what is specifically outlined above (Individualized Education Plans/504 Plan, letters documenting prior accommodations) but such information will not, in and of itself, meet the requirements for documentation.

Any submitted materials will remain confidential and will be shared only to the extent required to determine appropriate accommodations or as required by law. Any other disclosures will require the written authorization of the student.