

Academic Adjustments, Auxiliary Aids and Services

To request accommodation at The Wright Institute you must be an actively registered student. You must complete this form and submit documentation of your disability. Review of your request for accommodations will begin when the Office of Accessibility has received both your Request Form and disability documentation. The review process can take up to three weeks. The Office of Accessibility will contact you during that time to schedule a meeting to discuss your application and finalize a decision regarding your eligibility for accommodation.

The information requested here will help assist us in determination of accommodations and will be kept confidential within the Office of Accessibility.

Student Name: _____ Date: _____

Permanent address: _____

Phone number: _____ Preferred Gender Pronoun: _____

Email address: _____

I. STUDENT INFORMATION

- Prospective student Anticipated enrollment date: _____
- Current student First semester attended: _____
 Anticipated date of graduation: _____
 Program: _____

II. DISABILITY INFORMATION

Specify your disability type (check all that are applicable):

- Blind or Low Vision Psychological (please specify) Chronic Health Condition (please specify)
- Deaf or Hard-of-hearing Physical (please specify) Attention Deficit/Hyperactivity Disorder (AD/HD)
- Traumatic Brain Injury Learning Disability Other: _____
- I believe I may have an undiagnosed learning disability/ADHD and I am requesting information

Specific information about your disability type (if applicable): _____

If this request is due to a temporary injury/condition, please indicate expected duration: _____

How does your disability affect you academically in the *classroom*? _____

How does your disability affect you with regard to *exams*? _____

How does your disability affect you in your everyday life and daily activities? _____

II. HISTORY OF ACCOMMODATIONS

If applicable, please provide information about your history of receiving accommodations. Note that a history of accommodations, or lack thereof, does not necessarily guarantee (or exclude) provision of accommodations at the Wright Institute.

Previous School(s) Attended	Dates Attended (From – To)	Approved Disability Accommodations

III. ACCOMMODATIONS REQUEST

Please specify what accommodations you are requesting. The Office of Accessibility will consider your request in light of your disability, as described in your documentation and other information provided, as well as the requirements of your specific academic program.

Testing Accommodations:

- Extended time for in-class exams and quizzes Reduced distraction testing environment
Amount of time requested _____
- Scribe (another person records your answers) Use of a computer for exams
- Other _____

Classroom Accommodations:

- Note-taking Services Accessible furniture Livescribe pen
- Permission to tape-record lectures Other _____

Other Accommodations:

- Assistive technology Textbooks/written materials in alternative format
Specify: _____ Specify preferred format: _____
- I'm not sure what I need – I'd like to discuss with someone. Other _____
- I am not requesting accommodations at this time but would like to register with the WI given the changing nature of my disability.

IV. SERVICE ANIMALS:

If you have a Service Animal, please confirm the following:

1. My service animal is a (circle one): Dog Miniature Horse
2. My service animal is required because of my disability YES NO
3. List tasks/work your service animal is trained to perform:

Task: _____

Task: _____

V. Please provide any additional information you think would be helpful:

By checking and signing the fields below, I understand that:

- Information shared with the Wright Institute will be kept confidential.
- The Wright Institute will make the final determination of eligibility for accommodations.
- Completion of this form does not guarantee academic accommodations.
- Accommodations may be provided only after submitting ALL pertinent documentation.

I verify that all information provided here is true and correct. I understand that it is my responsibility to provide sufficient disability documentation in order to establish eligibility for services through the Office of Accessibility. I understand that review of my documentation is applicable only for providing accommodations at the WI and may not be accepted by any other institution or agency.

Signature: _____ Date: _____

If person completing form is other than self:

Name: _____ Date: _____

Relationship to student: _____

To submit this form:

Complete and sign the form, enclosing any pertinent documentation. Seal the forms/documentation in an envelope marked CONFIDENTIAL, and send it to:

Doreen Alfaro
Accessibility Coordinator

The Wright Institute
2728 Durant Avenue
Berkeley, CA 94704

Access@wi.edu