**NJMS REQUEST for REASONABLE ACCOMMODATION(S) to PERFORM the ESSENTIAL FUNCTIONS for ADMISSION, MATRICULATION and PROGRAM COMPLETION**

**First Name:**

**Middle Name**:

**Last Name**:

**Rutgers ID (RUID**):

**Net ID:**

**Primary Email:**

**Date of Birth:** ( / / ) **Gender:**

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Apartment or Room Number:**

**City:**   **State:**   **Zip Code:**

**Cell phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of matriculation at NJMS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Graduation Year:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your disability(ies) (check all that apply):**

* ADD/ADHD
* Learning Disability
* Visual Impairment
* Deaf and Hard of Hearing
* Speech and Language Impairment
* Psychological/ Psychiatric Disability
* Neurological Condition
* Medical Condition
* Post-Traumatic Stress Disorder
* Asperger’s/ Autism
* Brain Injury
* Allergy
* Mobility Impairment
* Other- Please explain below:

**Please check the reasonable accommodations that you will request from Rutgers NJMS:**

**Exam Accommodations:**

* Extended Time (50%) for in class and/or online exams/quizzes
* Extended Time (100%) for in class and/or online exams/quizzes
* Reduced Distraction Testing Location
* Reduced Distraction Testing Location (Alone)
* Enlarged Print for Exams/Quizzes
* Use of computer/laptop for exams/quizzes if related to your disability
* Use of a calculator for exams/quizzes (unless it compromises the essential function of the course)

**In-Class Accommodations:**

* American Sign Language Interpreter for class

**Other Accommodations that you would like to receive at Rutgers, not listed above (please be specific):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Educational History**

**Name of former College/ University attended**:

**Dates Attended**:

**Location**:

**Diagnosis**

What diagnoses (i.e medical, psychological, neurological, etc.) have you received?

* + ADD/ADHD
	+ Learning Disability
	+ Visual Impairment
	+ Deaf & Hard of Hearing
	+ Speech & Language Impairment
	+ Psychological/Psychiatric Disability
	+ Neurological Condition
	+ Medical Condition
	+ Post-Traumatic Stress Disorder
	+ Asperger’s/Autism
	+ Brain Injury
	+ Allergy
	+ Mobility Impairment
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your diagnosed condition(s):

**Description of Impact of your Condition:**

How does your condition impact you in the classroom or in the clinical setting?

How does your condition impact you during testing?

How does your condition impact you outside the classroom environment?

Has your doctor given you any tips or advice for managing your condition?

**Description of Previous Educational Experience and Accommodations:**

### **Individualized Educational Plans (IEP) and 504 Plans:**

Did you have an IEP and/or a 504 plan in:

|  |  |  |
| --- | --- | --- |
| High School?  | * IEP
 | * 504
 |

If you did have an IEP and/or a 504 Plan, what accommodation did you receive?

|  |  |  |
| --- | --- | --- |
| Middle School?  | * IEP
 | * 504
 |

If you did have an IEP and/or a 504 Plan, what accommodation did you receive?

|  |  |  |
| --- | --- | --- |
| Elementary | * IEP
 | * 504
 |

If you did have an IEP and/or a 504 Plan, what accommodation did you receive?

### **Accommodations and Services in other College or Universities:**

What accommodations or services did you receive at the above-referenced college or university?

**Exam Accommodations:**

* Extended Time (50%) for in class and/or online exams/quizzes
* Extended Time (100%) for in class and/or online exams/quizzes
* Reduced Distraction Testing Location
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* Use of computer/laptop for exams/quizzes if related to your disability
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**In-Class Accommodations:**

* American Sign Language Interpreter for class

 **Other Accommodations (please list):**

Of the accommodations you checked, which did you use? Which did you not use?

How have the requested accommodations benefitted you in the past?

### **General Academic Questions:**

What are your academic strengths?

What do you use to keep track of your daily assignments? (i.e calendar, computer, phone)

Are there any academic areas that give you trouble? If so what are they?

Where do you find you study best (quiet area, noisy, in my room etc.)? Describe how you study.

How do you manage a difficult subject?

How far in advance do you prepare for an exam? What do you do to prepare for exams?

**Please respond to the following questions, by category, only if they are pertinent to the accommodations you are requesting.**

### **Medical Conditions:**

Are you being treated by a professional? If so, who is your doctor and how often do you visit with them?

Has your doctor given you specific recommendations related to your condition?

Have you been hospitalized, if so, when and how long?

Have you been to the ER in relation to this condition? If so, when and how often?

Are you currently on medications? If so, what are they and dosage?

Do you have any side effects to your medications that affect you in the:

Classroom:

Testing:

Studying:

What major life activities have been affected by your condition?

In what ways does, if any, do you anticipate your medical condition affecting your ability to perform the essential functions at NJMS?

### **Psychological:**

Are you being treated by a professional? If so, who is your doctor and how often do you visit with them?

Has your doctor given you specific recommendations related to your condition?

Have you been hospitalized, if so, when and how long?

Have you been to the ER in relation to this condition? If so, when and how often?

Are you currently on medications? If so, what are they and dosage?

Do you have any side effects to your medications that affect you in the:

Classroom:

Testing:

Studying:

What major life activities have been affected by your condition?

In what ways does, if any, do you anticipate your medical condition affecting your ability to perform the essential functions at NJMS?

### **Hearing Impairments:**

Please describe your preferred mode of communication.

Do you read lips?

Do you voice?

Can you use the phone?

Do you watch TV (with or without closed captioning)?

Do you use any Assistive Technology such as an FM device? If so, what type are you using?

Do you wear a hearing aid? What brand and type?

Have you used Computer Aided Real Time (CART)?

At what age did you experience your hearing loss? Did you receive assistance in your earlier schooling?

Did your hearing loss affect your language development? Do you have difficulties with writing papers?

### **Miscellaneous Questions (if applicable):**

In what ways does, if any, do you anticipate your medical condition affecting your ability to perform the essential functions at NJMS?

Are you connected with the Division of Vocational Rehabilitation? If so, who is your counselor?

Are you connected with the Commission for the Blind? If so, who is your counselor?

Are you connected with the Department of Veterans Affairs? If so, who is your counselor?

### **Please add any additional information you believe may assist the committee during their review of your request:**