ADA Accommodation Form for Students

Student Name

________________________________________________________________

Class Year

________________________________________________________________

Student ID Number

________________________________________________________________

Date Form is Completed

________________________________________________________________

Disability Information:

Please describe your disability(ies)

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Date your disability was initially diagnosed (approximate):
__________________________________________________________________________________________

Is your disability:

- Long-term
- Temporary
- Recent

If temporary or recent, how long is it expected to impact you?:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you given the Office of Student Affairs a copy of either your most recent diagnostic documentation or the medical form from your provider?:

- Yes
- No

If no, do you know when it will be received?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Have you given the Office of Student Affairs documentation of your previous accommodations at educational institutions or testing agencies?

- [ ] Yes
- [ ] No

If you have not received prior accommodations, please provide an explanation as to why and why you feel they will be needed now.

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Please list any current treatments for your disability (medication, counseling, physical therapy, etc.):

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

**Accommodation Information:**

Please describe the accommodations that you are interested in seeking:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
In your own words, please describe the nature of your condition and how it may impact your Tufts Dental School experience:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Follow-Up Information:

What other resources would you like us to help connect you to?:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Confidentiality and Disclosure of Information

All information maintained by the Student Affairs Office is part of a student’s educational record and as such protected by the Federal Family Educational Rights & Privacy Act (FERPA).

- Students wishing to waive their FERPA rights and allow information in their educational record to be shared with someone other than themselves must fill out and sign a FERPA release.
- Documentation pertaining to a student’s diagnosis (including, but not limited to, diagnostic evaluations, IEPs/504 plans, medical records, etc.) should only be submitted to the Student Affairs Office.
- The Student Affairs Office strongly advises students to keep a copy of their documentation.
- Registration with the Student Affairs Office and/or the use of accommodations does not appear on student’s transcripts from the university.
- Disclosure to the Student Affairs Office does not constitute disclosure to other offices, services, or professionals at Tufts University School of Dental Medicine.
- Information is only shared with other professionals at Tufts University School of Dental Medicine to facilitate the provision of accommodations when necessary and/or if questions arise.
- Information pertaining to a student’s diagnosis will not be shared with other professionals at Tufts University School of Dental Medicine without written consent from the student.
- Students requesting release of information must fill out and sign a consent form.
- When a student has graduated or is no longer a student at Tufts University School of Dental Medicine, the student’s file is kept for five years and then destroyed.

Please initial that you have read, understand and agree with the above