

**GRAHAM HOSPITAL SCHOOL OF NURSING
DISABILITY SUPPORT SERVICES
INITIAL REQUEST FOR SERVICES**

The purpose of this form is to give the student the opportunity to tell us about their temporary and permanent physical, psychological, and learning disabilities and to assist the School in assessing whether we can provide effective accommodations. The request process includes:

1. Submission of this Initial Request for Services form;
2. Interview with the Coordinator of Admissions, Recruitment, and Financial Aid;
3. Submission of Request for Verification of Disability/Disorder form or other documentation (if applicable).

Name _____ S.S.# XXX-XX-_____

Telephone _____

What is the nature of your disability? Physical Mental/Psychological Learning

Please describe your disability. _____

Have you been tested for and/or received a diagnosis for your disability? If yes, please explain: _____

Please indicate the name of the agency and/or health care professional with whom you are working.

Are you currently taking any medication(s) related to your disability?

Yes Specify: _____

Possible side effects: _____

No

Please describe the major life activities that are substantially limited by your disability. _____

Please describe how the disability affects your academic performance and/or school experience. ____

Have you received accommodations for your disability in previous academic settings? If yes, please explain. _____

Accommodations requested: _____

I understand that professional documentation of my disability may be required before I begin receiving accommodation services, and that I am responsible for obtaining and providing this documentation to the Coordinator of Admissions, Recruitment, and Financial Aid.

I further understand that, if I have an existing disability, I must submit this Request and any supporting documentation. If I later suspect I have a disability, I must submit this Request and schedule an appointment with an evaluator qualified to diagnose the disability.

Signature _____ Date _____

Office Information Only

Documentation of disability received:

- Yes Date: _____
- No

Student eligible for disability support services:

- Yes
- No (explain): _____

Reviewed by: _____ Date: _____

Revised: 4/20/20; 3/22/21-A&R, 9/26/22
Reviewed: 3/29/21-FO