

Disability Support Services

5001 El Paso Drive - MEB • El Paso, TX 79905

Phone: 915-215-6560 • Fax: 915-783-5137

disabilitysupport.elp@ttuhsc.edu • elpaso.ttuhsc.edu/elpaso/studentservices/disabilitysupport

DSS SELF-DISCLOSURE & ACCOMMODATION REQUEST FORM

Any student wishing to self-disclose as having a disability or request accommodations should complete the form below. All information provided, including any documentation submitted to substantiate your disability, will be kept confidential. Please **PRINT or TYPE** the information below, attaching extra pages as necessary.

I. PERSONAL INFORMATION

Date: _____ R#: _____

Name: _____

School: PLFSOM GGHSON GSBS Expected Graduation Year: _____

Email Address: _____

Local Address: _____

City, State, Zip: _____

Cell Phone: _____

Can a message be left at the number listed above? Yes No

Emergency Contact: _____
Name *Relationship*

Emergency Contact Phone: _____

I give DSS permission to contact my emergency contact should they determine that an emergency situation exists.

Signature

Date

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II. DISABILITY INFORMATION

Nature of Impairment: (Circle all that Apply)

Learning Disability ADHD Traumatic Brain Injury/Closed Head Injury Hearing Impairment

Mobility Impairment Physical Impairment Chronic Illness Visual Impairment

Psychological Impairment Medical Illness Other (Please Specify) _____

What accommodations are being requested?

III. EDUCATIONAL INFORMATION

Did you receive accommodations at a previous school(s) for this disability? Yes No

Which school(s)? _____

What accommodations were provided? _____

Did you receive accommodations on any standardized test (MCAT, PCAT, DAT)? Yes No

If yes, which test? _____

What accommodations were provided?

Have you ever been denied accommodations? Yes No

If yes, please describe the circumstance.

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Please answer the following questions as thoroughly and honestly as possible in order to assist us in determining what the most appropriate accommodations are for you. Please **PRINT** the information below. Information provided is **CONFIDENTIAL** to the extent allowed by law.

1. What is the specific diagnosis of your disability as made by your provider/clinician?
2. Please describe your disability and how it impacts your daily life activities including academic progress.
3. What compensatory learning/study strategies do you use to assist you in ameliorating the impact of your disability?
4. How will the requested accommodations help you to compensate for your disability?
5. Have you ever received any additional special services for your disability? If so, please describe.

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6. Please list all prescribed and non-prescribed medications related to the disability and describe the side effects, if any, from taking these medications.

7. Are you currently seeing anyone regarding your disability? If so, who and for what purpose?

I understand that the provided information will be used to assist the DSS in determining the most effective accommodations and/or compensatory strategies for my use. The Director of Academic and Disability Support Services/Disability Coordinator have my permission to contact the medical professional who provided my documentation for further information if necessary. I also give my permission for the aforementioned to contact any providers I am currently seeing regarding my need for accommodations.

Student Signature

Date

DSS Staff Signature

Date

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Release of Information Form

I, _____, give the staff of the Disability Support Services at TTUHSC El Paso permission to release general information regarding my need for accommodations to the following persons:

1. The Associate Dean/Program Director of my School
2. The Course Directors of the courses for which I need accommodations

I, _____, give my permission to the staff of the Disability Support Services at TTUHSC El Paso to exchange information with the individuals/groups listed below as may be necessary for me to apply for and/or receive services related to my disability:

- Medical Provider/Diagnostician
- Any office that previously provided accommodations
- Other (specify) _____

Please provide the contact information below:

1. Student’s Medical Provider/Diagnostician:

2. Any Office(s) that previously provided accommodations:

3. Other (please specify):

I understand that this information will be maintained in a confidential manner and will remain active until I choose to withdraw this release. I understand that I have the right to withdraw this release of confidential information at any time. I also understand that not signing the release of information may limit the ability to have this information provided.

Student Signature

Date

DSS Staff Signature

Date

Disability Support Services

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Student Agreement

The Resource Manual for Students with Disabilities should have already been obtained from the Disability Coordinator, the DSS Office, or the Student Services webpage. This form has a summary of the procedures and guidelines set forth in this document.

I, _____, have carefully read the information in the Resource Manual and agree to abide by the procedures and guidelines set forth in this document. I understand that deviation from these procedures and guidelines may cause some delays in the acquisition of accommodations. I also understand that the appropriateness of accommodations is determined within the context of the curriculum and the way in which the specific disability substantially limits or changes participation in the course. For this reason, I may not be granted all requested accommodations and understand that accommodations may change depending upon changes in the curriculum.

I understand that it is my responsibility to communicate with faculty in a timely manner about the accommodations that I need as well as with the Director of Academic and Disability Support Services and the Disability Coordinator. I also understand that all information regarding my disability is confidential and shared only with my written permission.

I understand that an accommodation of extra time is very rarely granted on clinical performance tests and only after considerate deliberation by the disability consultant, the academic affairs officer of the college, and the course director/clerkship director. In addition, I recognize that an approved accommodation at TTUHSC El Paso is not a guarantee that an accommodation would be granted on Board Exams.

I understand that it is my responsibility to contact the Director of Academic and Disability Support Services or the Disability Coordinator in the DSS Office should I have any needs related to my disability.

Student Signature

Date

DSS Staff Signature

Date

