



Aultman College of Nursing and Health Sciences  
Request for Special Accommodations

To be completed by the student and returned to the Learning Resource Center Coordinator.

The purpose of this form is to assist Aultman College in determining the basis and nature of a student's request for a reasonable accommodation. The information you provide will be treated confidentially and will be handled on a need-to-know basis. Please address questions to the Learning Resource Center Coordinator at 330-363-6847.

Request for:  Academic Accommodation  Non-Academic Accommodation

INITIATION OF REQUEST (Completed by the student.)

Student Name \_\_\_\_\_

Term \_\_\_\_\_

Program of Study \_\_\_\_\_

Please answer the following questions:

1. Do you have a physical or mental impairment?  Yes  No

2. What is the impairment?  
\_\_\_\_\_  
\_\_\_\_\_

3. Is the impairment permanent?  Yes  No

4. If not permanent, how long is the impairment expected to last?  
\_\_\_\_\_

5. Does the impairment affect a major life activity?  Yes  No

If yes, what major life activity/activities is/are affected?

<input type="checkbox"/> Caring for self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting (describe)
<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Interacting with others
<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Performing manual tasks
<input type="checkbox"/> Breathing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting	<input type="checkbox"/> Other (explain)

6. Indicate/describe the accommodation(s) you are requesting for this course/activity:

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7. How will the requested accommodation(s) help you with this course/activity?

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Signature of Student

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Date

Return this completed/signed form along with documentation from your healthcare provider to the Aultman College Learning Resource Center Coordinator at the address below. Mark the envelope "CONFIDENTIAL".

Learning Resource Center Coordinator  
Aultman College of Nursing and Health Sciences  
2600 Sixth St. SW  
Canton, OH 44710



## HEALTHCARE PROVIDER DOCUMENTATION FOR STUDENT SPECIAL ACCOMMODATION REQUEST

Student requests for special accommodations must be supported by documentation from an appropriate healthcare provider. The practitioner must be qualified in the specialty to accurately assess and diagnose the disability for which the student seeks special accommodations. For example, the practitioner must be a neurologist to assess neurological problems, a psychologist to assess mental, emotional or psychiatric conditions, etc. A general practitioner (family physician) will not be considered as an appropriate healthcare provider.

All documentation must be on the practitioner's letterhead, typed, dated, signed, and otherwise legible. The name, title, and professional credential(s) of the evaluator, including information about licensure or certification as well as the area of specialization must be clearly stated in the documentation. The documentation must contain results of standard tests to support the diagnosis. Testing must have been administered within the last 90 days. This testing is valid throughout the student's continuous enrollment at Aultman College for a maximum of four (4) years.

The documentation must also include the following information:

1. The nature (diagnosis), severity, and past and future duration of the disability
2. The activity or activities that the disability limits
3. The extent to which the disability limits the student's ability to perform the activity or activities
4. The accommodations must be specific. For example:
  - a. Extra time for test taking and how much extra time is required
  - b. Extra time for quizzes and how much extra time is required
  - c. A separate room for testing
  - d. A quiet room for testing
5. The period of time these special accommodations are needed. For example, number of semesters or until graduation.

Documentation mentioned above must be mailed from the appropriate healthcare provider's office to the address shown below and marked "CONFIDENTIAL".

Learning Resource Center Coordinator  
Aultman College of Nursing and Health Sciences  
2600 Sixth St. SW  
Canton, OH 44710

Questions may be referred to the Aultman College Learning Resource Center Coordinator at 330-363-6847.

## OHIO BOARD OF NURSING

The Ohio Board of Nursing has information on its website that addresses requirements for requesting special accommodations for the NCLEX test. Please visit the website <http://www.nursing.ohio.gov/pdfs/Accomodations.pdf> for details. Students are responsible to initiate their own request for accommodations for the NCLEX and should check the website regularly for any changes regarding this process. Questions may be directed to the NCLEX exam office at 614-466-3947.