



PETITION FOR ACADEMIC ACCOMMODATIONS

SECTION: 1		TO BE COMPLETED BY STUDENT			
This form will assist with the gathering of information to facilitate the identification of an appropriate accommodation while you attend Southeast NM College.					
Student Full Name (Please Print)					SENMC ID
Current Mailing Address:			City	State	Zip Code
Local Phone Number		Cell Phone Number		SENMC Email Address	
Preferred Contact Method:	<input type="checkbox"/>	Local Phone	Email	Cell Phone	I give staff permission to text
Class / Year (Freshman, Sophomore, etc.)				Major	
Provide the following information if you are a client of another agency such as NM DVR, etc.,					
Agency Name				Phone Number	
Do you have a disability or impairment?				Yes	No
If yes, please identify the disability or impairment					
Describe the issues that you are experiencing in your class(es) or other campus setting that may require accommodation(s):					
The following reasonable accommodation(s) are requested in order to perform the essential academic functions as a SENMC student					
Authorization for release of information relating to disability accommodation(s):					
<p>I hereby authorize _____(physician, psychologist, psychiatrist, educational diagnostician, other) to release any information requested on this form. By signing this form, I understand that once this request for accommodation(s) is processed, I may be required to provide additional documentation, on a case-by-case basis, of changes in my condition. I fully understand that this request accommodation(s) is based on SENMC'S need for documentation to support my petition for services.</p> <p>I understand that SENMC has no obligation to provide services until appropriate documentation has been received by the office handling the accommodation function on my campus. I further understand that services may be discontinued should documentation not be received within thirty (30) days of receiving temporary services unless there are extenuating circumstances. I authorize SENMC officials (such as staff providing or supervising disability accommodation services or senior administration) to verify, discuss, transmit, or release on a "need to know basis only" the contents of this request form with my physician, psychologist, practitioner, and/or other authorized College personnel. This document will be treated as a confidential medical record.</p>					
Student Signature					Date

SECTION 2:		To be completed by the physician, psychologist, diagnostician, or other practitioner (please refer to section 1 for authorization to release information)	
Student Name (Please print):		Aggie ID	
To the physician, psychologist, psychiatrist, audiologist, diagnostician, or practitioner:			
The above-named student has informed Southeast New Mexico College (SENMC) that a disability/impairment prevents the ability to perform essential academic functions and/or attending classes regularly unless accommodation(s) are provided. We request receiving sufficient information in order to determine appropriate accommodation(s) in accordance with provisions of state and/or federal laws. For example: 1) for a learning disability, a full diagnostic evaluation is required from a psychologist, psychiatrist or educational diagnostician; 2) for hearing disability, a current audiogram from an ENT or audiologist is required; 3) for a psychological disability, a diagnosis based on a current DSM-V from a psychologist/psychiatrist will be required; and 4) For a physical disability, a diagnosis according to the current ICD from a physician will be required. Recommendations for accommodation(s) are helpful and will be given due consideration.			
Provide a diagnosis of the condition or a brief description of disability:			
Which of the following major life activities/major bodily functions does the disability impair?			
Bending	Concentrating	Lifting	Sitting
Bladder	Digestive	Neurological	Sleeping
Bowel	Eating	Normal cell growth	Speaking
Brain	Endocrine	Reaching	Standing
Breathing	Hearing	Reading	Thinking
Caring for Self	Immune System	Reproductive	Toileting
Circulatory	Interacting with Others	Respiratory	Walking
Communicating	Learning	Seeing	Working
Prognosis:			
This Condition is:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary (how long):	
When did you first see the student for the condition			
Can the student perform essential academic functions?	Yes	No	
Can the student perform essential academic functions without threat to health/safety of:			
Self:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Others: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:			
What specific major life activities or bodily functions does this condition present that require accommodation(s)?			
What academic accommodations(s) do you suggest for this student?			
Are there any side effects from medication which might affect academic performance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Class attendance is frequently an essential academic function. Does the condition affect the student's class attendance?			
<input type="checkbox"/> Yes Explain:			<input type="checkbox"/> No
For what period of time do you recommend that the reasonable accommodation(s) be made?			
I certify that the information provided above is true and correct to the best of my knowledge.			
Practitioner's Signature:		Date	
Print Name:		Degree, specialty, license number	
Address:	Telephone Number:	Fax Number	