

SETON HALL UNIVERSITY

Disability Support Services

Accommodation Request Form

Seton Hall University is committed to providing equal educational opportunities and full participation for students with disabilities. Consistent with its responsibilities to comply with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, Seton Hall University provides reasonable accommodations to promote equal educational opportunity. Documentation from a licensed evaluator is required to substantiate the presence of a disability, defined by the ADA as “a physical or mental impairment that substantially limits one or more major life activities,” and to establish the need for reasonable accommodations at Seton Hall University. Major life activities are those functions important to daily living. Examples of major life activities include but are not limited to: breathing, walking, talking, hearing, seeing, sleeping and performing manual tasks. Major life activities also include major bodily functions such as immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Guidelines for Medical Documentation

Documentation must be dated and signed with the appropriate credentials by the providing professional.

- A diagnostic statement identifying the disability from a licensed/certified professional: The diagnosis should include a description of diagnostic methods, including the DSM-5/ICD-9 diagnosis if applicable, and criteria utilized along with the date of evaluation. The licensed professional providing the diagnosis cannot be a family member.
- Current functional impact of the condition: Describe the current relevant functional impact of the disability in an educational setting.
- The expected progression of the disability over time: Provide a description of the expected change in the functional impact of the condition over time. If the condition is variable, describe the known factors that may exacerbate the condition.
- Treatment: List treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in addressing the impact of the condition. Include any significant side effects that may affect physical, perceptual, behavioral, or cognitive performance.
- Supporting documents: You are encouraged to submit any past documentation or materials that establish a history of receiving appropriate accommodation in a previous academic setting when available. Secondary school accommodation plans such as an IEP

or 504 Plans are helpful but often do not provide sufficient information to establish eligibility for the requested accommodations at the university level when submitted without a corresponding evaluation.

- **Documentation Criteria:** Students, parents, and caregivers are encouraged to review the documentation guidelines necessary for registration with DSS. Examples of appropriate documentation may include medical records, neuropsychological/educational evaluations, audiology reports, vision assessment or letterhead from a healthcare professional confirming diagnosis/impact of disability.

<https://www.shu.edu/disability-support-services/forms.html>

Housing Accommodation Request Deadlines

Completed form and documentation must be received by the respective deadlines below to be considered for housing accommodations.

Returning students: Submit by **March 15, 2025**

Incoming/Transfer students: Submit by **May 15, 2025**

Support Animal Requests (ESA): Same deadlines apply; submit ESA and housing forms if requesting both.

Forms submitted after these dates will continue to be reviewed. Housing availability will be more limited after deadline dates.

Students must also complete the housing application through the Residence Life portal and pay the housing deposit by the deadlines posted: <https://www.shu.edu/residence-life/>.

Completed forms and any supplemental documentation should be provided to Disability Support Services by uploading into the AIM portal [located at this link:](#)

<https://hayes.accessiblelearning.com/SHU/ApplicationStudent.aspx>

Questions? Please contact: (973) 313-6003

Email: DSS@shu.edu

Fax: 973-761-9185.

Disability Support Services:

Disability Support Services is comprised of professional staff members working with students who choose to disclose a disability. Staff evaluate all student accommodation requests and contact the appropriate departments or resources to help facilitate reasonable accommodation as necessary. Reasonable accommodation is granted for the period specified in the accommodation decision letter. Depending on the nature of the accommodation, students may need to reapply each semester or each academic year, which staff will discuss with students. Please understand that submission of this form does not guarantee the specific accommodation requested will be granted.

Part I: To be completed by the student.**Student Name:****SHU ID#:****SHU Email Address:****Student Cell Phone #:****Status (check all that apply):**

Returning

Undergraduate

Graduate

Transfer Student

Law Student

Year in School:

Freshman

Sophomore

Junior

Senior

Graduate

Law

Type of accommodation being requested (Check all that apply):

Academic

Housing

Parking

Dining

Term for Which Accommodation are being requested:

Fall Semester

Spring Semester

Winter Session

Summer Session

Academic Year

Temporary_____

Consent for Release of Information:

I authorize _____ (physician/evaluator's name) to disclose the information requested in this form to Seton Hall University for the purpose of evaluating my request for reasonable accommodations. Additionally, I acknowledge that the information provided in this form may be shared on a need-to-know basis with appropriate Seton Hall University staff and faculty who have a legitimate educational interest in order to make a proper determination of necessary accommodations, to facilitate my accommodation request and/or coordinate services.

Student's Signature:

Date:

Part II: To be completed by physician/evaluator:

Required Disability Information (to be completed in full by physician/evaluator):

1. Diagnosis/ Description of Disability:

2. Please provide full DSM or ICD-9 Code:
3. Initial Date of Diagnosis:
4. Date of Last Clinical Contact:
5. Please state the frequency and duration of symptoms of the student's condition:

Daily 1/x Week 1-3/x Week 1x/Month 1-3x/ Year Seasonal

None-Symptoms under control with medication

6. Is the student's disability:

Temporary

Permanent

Episodic

7. Describe the substantial limitation of one or more life activities as a result of the disability associated with academics and/or residential life (residential life specific to housing request only):

8. List current and past treatment for this student's disability including medications, dosage frequency and potential adverse side effects of these:

9. What specific, college-based accommodations would you recommend for this student based on the disability-related impairments you indicated above? Please explain how these accommodations will reduce the effects that the student's impairment may have on performance and functioning:

10. Please include any other information that may help us understand this student's impairment/needs:

Healthcare Provider Information (to be completed by physician/evaluator)

Name and Title:

Office address:

Phone number:

Email:

License/certification number:

State of license/certification:

Signature:

Date:

If you are printing and completing the form by hand, please submit the completed form and any supplemental documentation to Disability Support Services by:

- **Email (scanned copy):** DSS@shu.edu
- **Fax:** 973-761-9185

For questions, please call (973) 313-6003.