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# KENTUCKY STATE UNIVERSITY

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ACADEMIC ACCOMMODATIONS POLICY DATE



**KENTUCKY STATE  
UNIVERSITY**

Welcome to Kentucky State University, home of the mighty Thoroughbred's!

**KENTUCKY STATE UNIVERSITY MISSION**

Kentucky State University is a public, comprehensive, historically Black land-grant university committed to advancing the Commonwealth of Kentucky, enhancing society, and impacting individuals by providing quality teaching with a foundation in liberal studies, scholarly research, and public service to enable productive lives within the diverse global economy.

**Student Engagement Mission:**

Student Engagement delivers student-centered services to a diverse study body in a safe, exploratory environment. Transformative education is cultivated through personal and global

**ADRC Office:**

Responsible for creating procedures to facilitate the approval of academic accommodations for qualifying students with documented disabilities that hinder equitable access to education at KSU.

Please contact [Phillip.Clay@kysu.edu](mailto:Phillip.Clay@kysu.edu) for your academic consultation

**DATES**

**Housing Application Availability-** Feb 1- May 1 **If space remains available-** July 1<sup>st</sup>-Until

**Academic Accommodation Application & Documents** – Beginning of every semester

**Academic Accommodation Deadlines-** Fall & Spring Semester- One week before final withdrawal date

**ESA- Emotional Support Animal-** Application opens day after graduation until July 1<sup>st</sup> (Entire Academic Year)

## Documentation Guidelines

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All requests for ADA accommodations must be accompanied by documentation. **Third-party documentation should be provided by a licensed or otherwise properly credentialed professional who has appropriate and comprehensive training, relevant experience, and no personal relationship with the individual being evaluated.**

### Student Responsibility:

- Students are responsible for requesting accommodations through sending an email request at the **end of each school year** via **ADRC email**.
- **Accommodations are not retroactive.** Accommodations take effect after all information has been reviewed and approved.
- Communicate with your instructors.

### Guidelines to review and follow for successful completion of documentation:

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- The document needs to be up to date. Depending on the kind of disability, different time frames are permissible. Documentation for assessments completed as an adult should typically be dated within three (3) years of the submission date.
- Documentation must be from a professional qualified in their area of expertise to evaluate a particular type of disability (e.g., physician, psychologist, licensed mental health counselor, psychiatrist, or audiologist).
- Document has clearly stated diagnosis. General descriptions such as "depressed" and "anxious" are not acceptable in front diagnosis. The use of phrases such as "implies" or "suggests" before a diagnosis is neither definitive nor appropriate for reporting a disability.
- It is necessary to include test results or an explanation of the diagnosis's process, a clear conclusion that it significantly affects academic performance or other significant life activities, and functional limits.
- Recommend specific accommodations requested.

Services received in high school via IEP or 504 may be significantly different at the university level. In the case of specific housing accommodations, we will need the above-mentioned documentations, with specific documentation for the need of provide accommodations.

**ALL documents must be completed, signed, and submitted via email no exceptions. It is the student's obligation to complete and submit all needed documents each school year.**

This questionnaire is intended to help the diagnosing professional provide acceptable disability documentation and can be provided in place of a typed report. Written or printed document must be on official letterhead which includes the address, telephone number, name, title, and professional credentials of the evaluator. **All typed documents must be accompanied with an official letterhead.**

<b>Student Information</b>			
Full Name:			
CWID:			
Date:			
Major:			
Present Academic Status: (Circle One)			
First Year	Second Year	Third Year	Other

## Questionnaire

Briefly describe your disability and how it affects you in an educational setting:

Date diagnosed:

Include a list of all testing and assessment instruments used in diagnosis evaluation report.  
**NOTE:** Test instruments may not apply to physical or sensory disabilities of a permanent or unchanging nature.

Describe present symptoms that fit the criteria for this diagnosis:

Describe the symptoms related to the student's condition that cause significant impairment to academic performance and major life activity:

Recommended classroom/course accommodations (Providers must state specific accommodations)

List the student's current medications(s), dosage, frequency, and adverse side effects:

**Provider Information**

Name & Credentials:

Address:

Telephone:

Email:

License #:

Professional Signature:

Date: