

Disclosure of Disability Form - Graduate Degree

(Other than Doctor of Physical Therapy)

Southwest Baptist University is committed to providing all students with optimum learning experiences. This commitment applies to students who have special needs due to a disability.

If you have a disability and will need accommodations while attending an SBU campus, please complete this form.

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Address:	
Email:	Telephone:
Student ID#:	Date Submitted:
SBU Campus Location:	
Will you require accommodations each semester?	Yes No
What is the nature of your disability?	
Please describe how your disability impacts your acac	demic success:
Describe effective accommodations that you have rec	eived during your educational career:
Signature:	

Accommodations will be implemented after the student's needs are determined. Please provide documentation from an external source. This may include educational or medical records, reports and assessments created by health care providers, school psychologists, teachers, or the educational system. This information is inclusive of documents that reflect education and accommodation history, such as Individual Education Program (IEP), Summary of Performance (SOP), and teacher observations. External documentation will vary in its relevance and value depending on the original context, credentials of the evaluator, the level of detail provided, and the comprehensiveness of the narrative. Disability documentation should be current or relevant but not necessarily "recent."

After you have completed and returned your form/documentation, please make an appointment with, or call the Special Services Coordinator to discuss your needs.

Please return this form to:

Adam Shelden
Special Services Coordinator
Southwest Baptist University
1600 University Avenue, Bolivar, MO 65613
Phone: (417) 328-2081 | Fax: (417) 328-2091

ashelden@SBUniv.edu
OFFICE LOCATION: Mabee Chapel, University Success Center, Room 107