Request for Accommodation

Overview
Tufts University School of Medicine is committed to providing reasonable accommodations for students with regards to qualified disabilities in keeping with the Americans with Disabilities Act (ADA). Students are expected to meet with Technical Standards of TUSM with or without reasonable accommodations. Students who wish to apply for accommodations must complete a written Request for Accommodation to initiate the review process. Please note that supporting documents are also required.

Requesting Services
Please send the completed forms to Dean John Matias (john.matias@tufts.edu) in the Office of Student Affairs. Additional questions regarding Accommodations can be directed to:

Office of Student Affairs
John Matias, M.Ed.
Associate Dean of Enrollment Services
Phone: 617-636-6534
Fax: 617-636-0432
john.matias@tufts.edu

Amy Kuhlik, M.D.
Dean of Student Affairs
Phone: 617-636-6534
Fax: 617-636-0432
amy.kuhlik@tufts.edu

Office of Equal Opportunity
Johny Laine
ADA Specialist
Phone 617-627-6363
johny.laine@tufts.edu

How to Register:

1. Complete the Request for Accommodation form.
2. Submit current required documentation administered by a qualified healthcare professional, providing clear and specific evidence that a qualified disability exists.
3. Submit the appropriate form for your disability or religious accommodation request (when applicable). Submission of all documentation by the student and licensed professional should occur prior to the beginning the academic year (or anytime when a new chronic disability is documented, though “back accommodations” cannot be provided).

4. You will be contacted by the Office of Student Affairs within one (1) week of all required documentation being received confirming your request is complete.

5. Your request will then be review by the appropriate student affairs deans. Requests for accommodations may be shared for review and approval by a consulting licensed professional in the relevant field.

6. Following this review, you will meet with a student affairs dean to discuss accommodation options and to provide feedback.

7. After meeting with the OSA, your approved accommodations will be documented and provided to you in writing for agreement.

**Required Documentation**

**For Learning Disabilities:**
- Verification of Prior Accommodations (when applicable)
- Current neuropsychological testing* by a licensed professional within the past three years
- If you received accommodations on SAT and/or MCAT please provide a copy of that approval

**For Qualifying Chronic Health Disabilities:**
- Medical Providers Verification of Chronic Health Disability Form (Students with documented visual, hearing, other physical disabilities or mental health disabilities are required to submit the most current evaluation from their medical and academic providers)
- Verification of prior Accommodations (when applicable)
- Current neuropsychological testing* by a licensed professional within the past three years (when applicable)

**For Temporary Accommodations:**
- Written diagnostic report from a licensed clinical professional that includes client history, DSM diagnosis, level of severity, symptoms, functional limitations (be as descriptive as possible), diagnostic procedures, treatment plan (types and frequency) and recommendations for accommodations in academic and clinical settings. Documentation must be on providers official letterhead.

* A neuropsychological assessment is required to evaluate students for impairments including but not limited to: brain injury, learning disabilities, generalized anxiety disorder, and Attention Deficit Hyperactivity Disorder (ADHD). These batteries should include aptitude and achievement tests.
For Religious Accommodations:
  • Description of religious accommodation being requested. Additional details are available in the Tufts University Religious Accommodation Policy

**Student Responsibility**
The successful provision of reasonable accommodations will depend not only upon the available resources, but also upon the student’s commitment to and responsibility for the following required policies and procedures. Maintaining active communication with both faculty and the Office of Student Affairs and complying with deadlines for advance notice of specific accommodations are examples of these student responsibilities. All students must meet qualifications and technical standards for courses and graduation.

Please note: Medical Students interested in applying for accommodations for USMLE examinations will need documentation within three years of their exam date. Please refer the USMLE Test Accommodations website for additional information.

**General Information**

Date of Submission:

Legal Name:

Local Address:

Cell Phone:

Email address:

Tufts University School of Medicine Expected Year of Graduation:

Are you a Protected Veteran?

Please describe your disability:

Did you receive accommodation on any past standardized exams, such as SAT or MCAT, if yes please describe?
History of accommodations – please outline below (or attach on a separate sheet) your previous academic accommodations including when (grade/level), where (school/university) and what (type of accommodation).

Please outline below what specific accommodations you would be interested in requesting, keeping in mind that technical standards will still apply.

TUSM Student Rights
A. To participate equally in and benefit from courses and other educational programs through at the Medical School.
B. To access reasonable accommodations and/or auxiliary aids and services with equality.
C. To expect confidentiality regarding disability-related information and to choose to whom information about the disability will be disclosed, except as disclosures are required by law.
D. To approve the release of accommodation information to instructors and others as necessary and desired.

Student Responsibilities
A. To meet qualifications and technical standards for courses and graduation.
B. To self-identify as an individual with a disability and to provide appropriate documentation to the University in order to be eligible for services.
C. To request accommodations prior to the beginning of the academic year.

By this signature, I understand that I am approving the release of accommodation information to TUSM administration and consultants as necessary. I understand that I must meet with the administration each academic year in order to determine and arrange appropriate accommodations. I have read and consent to my rights and responsibilities as a student with a disability.

Student Signature: ______________________________

Date:__________________________________