

BREVARD COLLEGE

BREVARD, NORTH CAROLINA

Temporary Impairment Accommodations Request Form

The **Office of Student Accessibility and Disability Services (OSADS)** assists students with temporary impairments that are a result of injuries, surgery, or short-term medical conditions who may need accommodations or access to services and resources. Examples of temporary impairments may include, but are not limited to: broken limbs, hand injuries, concussions, or other short term impairments following surgery or medical treatments.

To receive accommodations for a temporary impairment, the student should contact **OSADS** as soon as possible, complete and submit this form (deliver or scan/email) if possible indicating the type of disability, severity, limitations, prognosis, and estimated duration of the disabling condition. Professional healthcare documentation in accordance may be required and should be recent enough to identify current limitations and the estimated time of healing. The Director of OSADS will advise the student of approved accommodations and will communicate with College personnel as needed to coordinate services.

Note: Students with concussion symptoms verified through a BC Athletic Trainer will be granted a two week **Temporary Academic Accommodation Letter (TAAL)** with standard accommodations through recommended concussion protocol sent to their professors. If additional assistance is needed, the student (or designee) must contact OSADS.

Name _____ Student Email _____

Residence Hall Address _____

Contact Phone Number _____ Classification: Fr.____ Soph.____ Jr.____ Sr.____

Athletic Team (if applicable) _____ Athletic Trainer _____

1. What is the nature of the disability you are requesting accommodations for?

2. In your own words, please describe the current impact and functional limitations of the disability (ie physical and or mental):

3. Accommodations needed at Brevard College (check/explain those that are appropriate to you):

_____ No stairs/elevator or ground level access housing (if available)

_____ No stairs/elevator or ground level access classroom

_____ Friend to pick up cafeteria meals (Name of friend(s): _____)

_____ Academic Accommodations (please describe requested accommodations in space below):

4. How many days of class time (in general) will you miss as a result of this condition? _____

5. What do you think the duration of your condition might be and how long do you anticipate needing accommodations?

Reasonable accommodations are intended to minimize the impact of specific limitations caused by a disability in order for a qualified individual to have equal access to programs, services, and activities. Individuals will be contacted via BC email address regarding their eligibility status.

INFORMATION EXCHANGE/DISCLOSURE STATEMENT: If applicable, I give the Office of Student Accessibility and Disability Services (OSADS) permission to consult with infirmary staff or athletic trainer at Brevard College in order to assist with the evaluation of my medical documentation. Information will be shared as needed with university personnel in order to receive requested services. I understand that this information will be kept confidential to the extent permitted by law.

Signature _____ Date _____

OSADS: Office for Student Accessibility and Disability Services

disabilityservices@brevard.edu

112 ELC (Jones Library)

Phone & Fax: 828-641-0653