

RENEWAL REQUEST FOR DISABILITY ACCOMMODATIONS



APPALACHIAN SCHOOL OF LAW

FORM G (Renewal of prior accommodations)

1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-244-1291

Email: cfox@asl.edu

Student Information:

First Name Middle Initial/Name Last Name Date of Birth

I initially requested accommodation in _____ academic year.

At that time, I indicated my disability was _____ (type of disability).

I was granted the following accommodation(s): _____

The qualified professional(s) who submitted supporting documentation for my prior request(s) was:

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

Student Signature

Date

To the qualified professional completing this form:

1. Are you the professional who originally provided the documentation of this student's disability to ASL? _____
 - a. If not, who was that person? _____
 - b. Have you reviewed the documentation of that person? _____
 - a. Please specify all documentation that you have reviewed. _____

 - b. If not, please describe your credentials and experience in diagnosing and/or treating the student's disability. Include your licensing information and the name of the licensing agency. _____

2. When did you last see this student in relation to his/her disability? _____

3. When was your last complete evaluation of this student? _____

4. In your professional opinion, has the student's diagnosis changed since the student's last request for accommodation? _____
 - a. If so, please state the new diagnosis. _____

5. In your professional opinion, has the student's ability to function changed in any significant way since the student's last request for accommodation? If so, please describe those changes. _____

6. Are you recommending any changes to the student's accommodations at this time? If so, please describe those changes and the reasons therefor. _____

Signature of Qualified Professional

Date

Appendix E