

## Disability Support Services

5001 El Paso Drive – Medical Education Building • El Paso, TX 79905

Phone: 915-215-4365 • Fax: 915-215-4777

disabilitysupport.elp@ttuhsc.edu • <https://el Paso.ttuhs.edu/studentservices/disability-support-services>

### DISABILITY SUPPORT SERVICES (DSS)

### SELF-DISCLOSURE AND ACCOMMODATION REQUEST FORM

Any student wishing to self-disclose as having a disability or request accommodations should complete the form below. All information provided, including any documentation submitted to substantiate the disability, will be kept confidential. *Please PRINT or TYPE the information below*, attaching extra pages as necessary.

#### I. PERSONAL INFORMATION

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Date: \_\_\_\_\_ R#: \_\_\_\_\_

Name: \_\_\_\_\_

School: PLFSOM      GGHSON      GSBS      Expected Graduation Year: \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Can a message be left at the number listed above?     Yes     No

Emergency Contact: \_\_\_\_\_

*Name*

*Relationship*

Emergency Contact Phone: \_\_\_\_\_

I give DSS permission to contact my emergency contact, should they determine that an emergency situation exists.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### II. DISABILITY INFORMATION

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Nature of Impairment: (Circle all that apply)

Learning Disability      ADHD      Traumatic Brain Injury/Closed Head Injury      Hearing Impairment

Mobility Impairment      Physical Impairment      Chronic Illness      Visual Impairment

Psychological Impairment      Medical Illness      Other (Please Specify) \_\_\_\_\_

What accommodations are being requested?

### III. EDUCATIONAL INFORMATION

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Did you receive accommodations at a previous school(s) for this disability?       Yes       No

Which school(s)? \_\_\_\_\_

What accommodations were provided? \_\_\_\_\_

Did you receive accommodations on any standardized test (MCAT, PCAT, DAT)?       Yes       No

If yes, which test? \_\_\_\_\_

What accommodations were provided?

Have you ever been denied accommodations?       Yes       No

If yes, please describe the circumstance.

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Please answer the following questions as thoroughly and honestly as possible in order to assist us in determining what the most appropriate accommodations are for you. Please **PRINT** the information below. Information provided is **CONFIDENTIAL** to the extent allowed by law.

1. What is the specific diagnosis of your disability as made by your provider/clinician?
2. Please describe your disability and how it impacts your daily life activities including academic progress.
3. What compensatory learning/study strategies do you use to assist you in ameliorating the impact of your disability?
4. How will the requested accommodations help you to compensate for your disability?
5. Have you ever received any additional special services for your disability? If so, please describe.

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6. Please list all prescribed and non-prescribed medications related to the disability and describe the side effects, if any, from taking these medications.

7. Are you currently seeing anyone for your disability? If so, who and for what purpose?

I understand that the provided information will be used to assist the DSS in determining the most effective accommodations and/or compensatory strategies for my use. The director of academic and disability support services/disability coordinator have my permission to contact the medical professional who provided my documentation for further information, if necessary. I also give my permission for the aforementioned to contact any providers I am currently seeing regarding my need for accommodations.

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Student Signature

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Date

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DSS Staff Signature

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Date



## Student Agreement

The Resource Manual for Students with Disabilities should have already been obtained from the disability coordinator, the DSS Office, or the Student Services webpage. This form has a summary of the procedures and guidelines set forth in this document.

I, \_\_\_\_\_, have carefully read the information in the resource manual and agree to abide by the procedures and guidelines set forth in this document. I understand that deviation from these procedures and guidelines may cause some delays in the acquisition of accommodations. I also understand that the appropriateness of accommodations is determined within the context of the curriculum and the way in which the specific disability substantially limits or changes participation in the course. For this reason, I may not be granted all requested accommodations and understand that accommodations may change depending upon changes in the curriculum.

I understand that it is my responsibility to communicate with faculty in a timely manner about the accommodations that I need, as well as with the director of academic and disability support services and the disability coordinator. I also understand that all information regarding my disability is confidential and shared only with my written permission.

I understand that an accommodation of extra time is very rarely granted on clinical performance tests and only after considerate deliberation by the disability consultant, the academic affairs officer of the college, and the course director/clerkship director. In addition, I recognize that an approved accommodation at TTUHSC El Paso is not a guarantee that an accommodation would be granted on board exams.

I understand that it is my responsibility to contact the director of academic and disability support services or the disability coordinator in the DSS Office should I have any needs related to my disability.

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Student Signature

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Date

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DSS Staff Signature

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Date