

Request for Disability Support Services

Overview

Tufts University School of Medicine Public Health and Professional Degree Programs' students who have documented physical or learning disabilities and need accommodations for their classes must complete a Request for Disability Support Services form for approval by the Associate Dean of Public Health and Professional Degree Programs (PHPD).

Services

Depending on the nature of the disability, a student may be entitled to the following support services:

- Extended Time Exams
- Distraction-Reduced Exam Rooms
- Note takers
- Peer tutoring

Requesting Services

Students must submit to the Associate Dean of PHPD:

1. Tufts PHPD Programs Request for Disability Support Services form
2. Current documentation (not more than 3-5 years old) administered by a qualified healthcare professional, providing clear and specific evidence that a disability exists.
3. Schedule a meeting with the Associate Dean of PHPD

Required Documentation

A neuropsychological or psycho-educational assessment is required to evaluate students with learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD). These batteries should include aptitude and achievement tests. Students with documented visual, hearing or other physical disabilities are required to submit the most current evaluation from their medical and academic providers. If the nature of the request for accommodation requires advance notice to arrange please contact the Associate Dean of PHPD at robin.glover@tufts.edu immediately.

The documentation should include:

1. A clear statement of the disability including prognosis.
2. History, including the length of time practitioner has known you.

3. A summary of evaluation procedures, as well as diagnostic tests/evaluation results used to make the diagnosis.
4. A statement of the functional impact or limitations the disability has on learning.
5. Each recommended accommodation should be accompanied by an explanation of its relevance to the disability as well as supporting data from the evaluation.

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 following the required policies and procedures. Maintaining active communication with both faculty and the Associate Dean of PHPD or designated staff member, and complying with deadlines for advance notice of specific accommodations are examples of these student responsibilities.



School of Medicine

Public Health & Professional Degree Programs

Request for Disability Support Services

General Information *(Please Type or Print)*

Name _____
Last First Middle Initial

Email Address _____ Cell Phone _____

Program _____

Address _____

Disability

- Hearing Impairment
- Visual Impairment
- Specific Learning Disability
- Mobility Impairment
- Speech Impairment
- Other

Nature of Disability Explain:

Type of accommodation requested (be specific)

Type of accommodations previously received (informational purposes only):

Student Rights and Responsibilities

Student Rights

A. To participate equally in and benefit from courses and other educational programs through the University.

B. To access reasonable accommodations and/or auxiliary aids and services with equity.

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/permitted by law.

D. To approve the release of accommodation information to instructors and as desired.

Student Responsibilities

A. To meet qualifications and TUSM/Program 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 within three weeks of the beginning of each term.

By this signature, I understand that I am approving release of accommodation information to PHPD Programs 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 _____