

# Disability Consideration Request Form

2016-2017

Name:

Date:

UFID:

Date of Diagnosis:

## Diagnosis:

Any ACT/SAT accommodations?    yes            no            Any school accommodations?    yes            no

I am faxing the following paperwork for the Office of Admissions to review (check all that apply)

504 Plan/IEP/PLP

Psychological Evaluation

Physician Documentation

Attendance Record

Testing Accommodations

Other Documentation

**Personal Statement:** Please write a brief description of your disability and how it significantly impacted your high school education. In particular, please discuss information detailing any less than favorable outcomes during your time in high school. This information could include course grades, test scores, volunteer time, or other impacted areas in which your disability directly contributed to an outcome that measured your disability more than your true ability. Lastly, please provide a rationale for each concern that is addressed in this personal statement.

I certify that the information above is correct.

Signature

