The Office of the Dean assists students with documented disabilities or medical conditions in obtaining reasonable accommodations. If you believe that you may need an accommodation, please make an appointment to meet with Dean Michael Gill, Rousso Building room 119, 718-430-3942, as soon as possible to discuss your situation.

Students seeking reasonable accommodations should bear in mind that they are responsible for the following:

- Advising the Office of the Dean of the exact nature of the accommodation(s) desired
- Providing supporting documentation in a timely manner
- Submitting a Request for Reasonable Accommodations form and getting completed form back from the Program Director
- Discussing accommodation implementation with Professor and obtaining signature of Professor
- Returning completed form to the Program Director
- Meeting all academic responsibilities and deadlines, taking into account any agreed-upon accommodations
- Bringing any problems to the immediate attention of the Program Director

No accommodations will be given retroactively.

Supporting documentation should be recent and come from an appropriate, licensed professional who is not a member of the student’s family. The documentation must be dated, signed and on the letterhead of the professional. The documentation must be submitted to the Office of the Dean, along with the attached “Request for Accommodations” form. The adequacy of the documentation will be determined by Yeshiva University’s Office of Disability Services, or by consultants whom the Office may engage. At times, additional documentation may be required. All documentation will be kept confidential as required by law.

In order to expedite a request and ensure that appropriate accommodations can be provided, students should be sure that their documentation fulfills the requirements listed on the following pages.
I. **For students with learning disabilities** (evaluation and documentation should be within the past 3 years):

A. Identification of the tests administered as part of a psycho-educational evaluation;
B. The nature of the learning disability;
C. Description of the student’s functional limitations in graduate school
D. Recommendations regarding reasonable accommodations to equalize the student’s educational opportunities and the rationale for each recommendation.

II. **For students with Attention Deficit Hyperactivity Disorder** (evaluation and documentation should be from within the past 3 years):

A. Assessment consisting of a history of symptoms, including evidence of ongoing impulsive, hyperactive or inattentive behavior that has significantly impaired functioning over time;
B. Identification of the tests administered as part of a psycho-educational evaluation (including standardized measures for inattention, hyperactivity and impulsivity, if possible);
C. Description of the student’s functional limitations in graduate school
D. Recommendations regarding effective accommodations to equalize the student’s educational opportunities and the rationale for each recommendation.

III. **For students with physical, sensory and health-related disabilities**:

A. Specific diagnosis from professional; Including test results if relevant
B. Date of initial diagnosis and date of last in-person contact with the student;
C. Statement as to the “major life activities,” impacted by the student’s impairment(s) and level of severity;
D. Description of the student’s functional limitations in graduate school
E. Recommendations regarding effective accommodations to equalize the student’s educational opportunities and the rationale for each recommendation.

IV. **For Students with psychiatric disorders**

A. Specific DSM diagnosis;
B. Instruments and procedures used to make the diagnosis;
C. Date of the diagnosis and date of last in-person contact with the student;
D. Description of the student’s functional limitations in graduate school
E. Recommendations regarding effective accommodations to equalize the student’s educational opportunities and the rationale for each recommendation.

Please feel free to meet with Dean Gill to discuss any questions or concerns that you may have regarding the requirements above.
Once accommodations have been approved, your Program Director will forward your approved Request for Accommodations Form to you.

Please discuss your approved accommodations with each faculty member and obtain a signed copy of the Request form, to be returned to your Program Director.

If you have any questions or concerns about the implementation of your accommodations, please contact your Program Director as soon as possible.

We look forward to working with you.
Ferkauf Graduate School of Psychology

REQUEST FOR REASONABLE ACCOMMODATIONS

Students who have documented disabilities or medical conditions may be eligible for accommodations. Students who are seeking accommodations should review the guidelines listed on the Ferkauf Process Handout, and then complete the form below and return it to the Office of the Dean, attention Dean Michael Gill.

Name: __________________________________________    Date: ___/___/____

Please check the relevant category and then specify the nature of your disability on the line provided:

☐ Learning: ________________________________________________________________________

☐ Hearing: ________________________________________________________________________

☐ Speech: ________________________________________________________________________

☐ Visual: ________________________________________________________________________

☐ Mobility: ________________________________________________________________________

☐ Other: ________________________________________________________________________

What specific accommodation(s) are you requesting?
_____________________________________________________________________________________
_____________________________________________________________________________________

Please attach all relevant documentation. Requests for accommodations will not be reviewed until supporting documentation is submitted.

-----------------------------------For University Office of Student Services only----------------------------------------

Further documentation is required: ______________________________________________________________

The following accommodation has been approved: _________________________________________________
_____________________________________________________________________________________________

Disability Services Official:__________________________________      Date: ___/____/____

_________________Approved Accommodations Signatures______________________________

_______________________________________   ________________________________
Student Signature      Program Director Signature

_______________________________________   _________________  __/__/__
Professor’s Signature      Course      Date