CAE ACCOMMODATIONS REQUEST FORM

Attention Students:
1. Please keep in mind we will be prioritizing accommodation requests for the current quarter. This may result in a delay in providing you a response to your request. If you are completing this form AFTER Week 8, your request will be reviewed for registration for the following quarter.
2. Please note that completion of this form is not a guarantee of services.
3. For housing only, do not complete this form. Please complete the Housing Accommodations Request Application (found on the Service Forms page).
4. Please keep in mind that the CAE is not a confidential resource. This means if you disclose any experiences related to sexual violence, we are mandated to make a Title IX report. Confidential resources at UCLA include CAPS counselors, CARE Advocates, Student Legal Services, and the Office of Ombuds Services.
5. The University of California Los Angeles (“UCLA”) is committed to equal educational opportunities for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act as amended (ADA). The Center for Accessible Education (“CAE”), is the office designated to review disability documentation, determine reasonable accommodations, and develop plans for the provision of such accommodations.

As a student requesting academic accommodations through the Center for Accessible Education (CAE), I agree to review the Student Services Request and Accommodation Agreement found at the following link: https://www.cae.ucla.edu/students/accommodation-requests/accommodation-agreement. If a physical copy of the Student Services Request and Accommodation Agreement is needed, please stop by Murphy Hall A255 or call the main office at 310-825-1501.

BACKGROUND INFORMATION
Name:
Preferred Name (Optional):
University ID Number:
E-mail address:
Pronouns:

Did you, or are you currently serving in the US Military?

Is there anything unique about you that you would want staff to know?
ACCOMMODATIONS HISTORY
Have you ever received disability-based accommodations in the past?
  o Yes
  o No

In high school did you have an IEP or 504 Plan?
  o Yes
  o No
Describe:

Have you ever been registered as a student with a disability at a post-secondary institution (i.e. community college, CSU, other UC, etc.)?
  o Yes
  o No

If any, please list previous accommodations you’ve received:

DISABILITY INFORMATION
To the best of your ability, please describe your disability for which you are requesting accommodations, including diagnosis:

I am requesting accommodations because of a temporary disability or acute condition (i.e. concussion, accident, injury, surgery, etc.): (required)
  o Yes
  o No

If this is a temporary disability, how long do you anticipate the need for CAE accommodations?
  o Less than 2 weeks
  o 2 - 4 weeks
  o 4 - 8 weeks
  o 2 - 3 months
  o Other _____________________
CAE ACCOMMODATIONS AND SERVICES

In what academic areas have you experienced difficulties:

- Completing assignments on time
- Comprehending concepts
- Following along during lecture
- Math
- Motivation
- Organizing written work
- Reading
- Reading rate
- Retaining information
- Spelling
- Study skills
- Self-confidence in school
- Taking notes during lecture
- Taking tests
- None of the above

I am requesting the following accommodations:

- Assistive Technology
- Alternative Format (Braille, enlarged font, tactile graphics, reader services, etc.)
- Assistive Listening Device (audiogram required)
- Notetaking Support (Sonocent Audio Notetaker, Livescribe Pen, Otter ai, audio recording)
- Priority Enrollment
- Extra time on exams, please specify:
- Distraction-reduced exam environment
- Real-Time Captioning (audiogram required)
- Sign Language Interpreting
- Adjusted Attendance
- Adjusted Deadlines
- None of the Above (please provide your request in “Other”)
- Other:

*Please note: If requesting housing or parking accommodations, you will need to submit the relevant application and documentation.*
How would receiving accommodations mitigate barriers associated with your disability?

Do any of the following apply to you?

☐ Other medical or mental health history not included in the provided documentation
☐ Substance use history
☐ Legal history
☐ Social/Family/Relationship stressors
☐ Financial stressors
☐ Other
☐ None of the above

Describe:

Please have your medical provider fax Verification of Disability form, letters, etc. to 310.825.9656.

Please submit this completed form to the Center for Accessible Education at CAEintake@sonet.ucla.edu, or in A255 Murphy Hall. Allow two weeks for processing. See the following link for more information on requesting CAE services: https://www.cae.ucla.edu/students/accommodation-requests.