



## **FLORIDA NATIONAL UNIVERSITY SERVICES FOR STUDENTS WITH DISABILITIES**

### **Program Narrative**

Florida National University (FNU) is committed to providing equal access to all students, including those with disabilities. FNU also expects all students, with or without reasonable accommodations, to maintain the standards of academic achievement and excellence that are essential to the fulfillment of the school's mission.

FNU is committed to providing physical facilities that welcome all individuals. Everyone in this institution has the responsibility of supporting the procedures necessary to guarantee a campus environment appropriate for persons with physical and/or learning challenges.

### **Procedure**

#### **A. Responsibilities of Students with Disabilities.**

1. Contact the Student Services Director to self-identify as a student with a disability and to discuss your disability related needs.
2. Complete FNU's Request for Reasonable Accommodations form.
3. Provide written documentation explaining the nature of your disability/disabilities and any accommodations that may be necessary.
4. The documentation should: a) be from an appropriate, qualified professional who was involved in the process of assessing your disability, on letterhead, and dated, b) include a diagnostic statement containing: i) a diagnosis of your current disability, ii) the date of the diagnosis, iii) how the diagnosis was reached, and iv) the credentials of the professional, c) identify functional limitations for which accommodations are appropriate, and d) set forth recommended accommodation(s).
5. Any documentation used to identify and substantiate your disability must be current. In order to provide necessary academic/nonacademic adjustments, the documentation you provide should discuss the impact of your disability within an academic or nonacademic environment.
6. Submit your request at least 14 days prior to the needed service or activity.
7. The Director of Student Services, under the guidance of the Vice-President of Academic Affairs, will make arrangements for reasonable accommodations for students with disabilities.

## **B. FNU's Responsibilities.**

1. All students who self-identify as having a disability are referred to the Student Services Office.
2. The Vice-President of Academic Affairs will review the information and assess the accommodations request.
3. FNU will enter into an interactive process with the student to determine which reasonable accommodations will be provided to the student that will allow for the student's effective participation in his/her educational program. The interactive process will involve meeting with the student to discuss the student's disability and related needs.
4. If the student believes that the provided accommodations are inadequate or inappropriate, he/she should contact Student Services immediately to discuss alternate accommodations.
5. Examples of accommodations FNU may provide, include, but are not limited to the following: testing, extended time, reduced distraction environment, preferential seating, classroom and learning strategies, tutoring and academic advising.
6. FNU is capable of assisting in many areas, including, but not limited to the following:
  - a) ADD/ADHD, b) learning disabilities, c) temporary disabilities, d) vision/hearing, and e) physical impairments.
7. FNU will ensure that all disability-related information about students is maintained confidentially as required by law.



**FLORIDA NATIONAL UNIVERSITY  
OFFICE OF STUDENT SERVICES**

**Request for Reasonable Accommodations**

Student's Name: \_\_\_\_\_ FNU ID #: \_\_\_\_\_

Program: \_\_\_\_\_ Start Date: \_\_\_\_\_

What is the nature of your disability/disabilities? \_\_\_\_\_

\_\_\_\_\_

Type of accommodations requested:

\_\_\_\_\_

\_\_\_\_\_

Explain any other assistance that may be needed: \_\_\_\_\_

\_\_\_\_\_

Type of documentation being submitted with this request: \_\_\_\_\_

\_\_\_\_\_

Name, phone, email and address of physician, psychologist, or other provider:

\_\_\_\_\_

\_\_\_\_\_

Does FNU have permission to contact the provider above? (Circle one.) YES NO

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**FOR FNU USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_