WSU Student Accommodations and Disability Resources

Supplemental Information Form

# Please read carefully:

This form is intended for use by family members, instructors, advisors, or other parties affiliated with the student, who may have important additional information regarding the student requesting accommodations. This might include their experiences or impact of their disabilities or conditions in an academic environment, the barriers they have encountered, their strengths and challenges, or any historical context that may help the Student Accommodations and Disability Resources

understand the student’s experience and need for accommodations more fully.

# For Student:

I understand that the information provided here will be entered into my records retained by the WSU Student Accommodations and Disability Resources and will be subject to the Family Education Rights and Privacy Act (FERPA). These records cannot be shared with any other party without my written consent unless otherwise permitted or required to be disclosed in accordance with FERPA.

Student Signature: **Date:**

# Student Information:

First Name: Chosen Name: Last Name:

WSU Student ID: WSU Email: Phone number:

# Individual Party Information:

First Name: Last Name:

How long have you known the student?: Relationship to student: Email: Phone number:

**To be filled out by the individual party listed above.** (Please answer all questions you feel you are able to answer.)

1. What do you understand to be the experience or impact of this student’s disability or condition?

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1. What academic barriers or challenges have you observed this student experiencing?
2. What, if any, accommodations have worked well for this student, and why?
3. What additional information, not addressed above, do you feel would be helpful for us to know?