

# Juilliard

Office of Academic Support and Disability Services

## DISABILITY IDENTIFICATION FORM

### Personal Information

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street address City State Zip

Home Address: \_\_\_\_\_  
Street address City State Zip

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence during school year: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street address City State Zip

TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if applicant is under 18 years of age)

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Juilliard

Office of Academic Support and Disability Services

## Disability Documentation

Except in limited situations where a disability is evident, an individual seeking services from OASDS, including an accommodation, must submit documentation that, at a minimum, identifies the disability, any relevant history of the disability, the current impact of the disability on the student with relevance to the educational program at Juilliard and/or living at Juilliard. In order for OASDS to make an informed determination about the need for accommodations and services and what can be provided, this documentation must be sufficiently detailed and current. OASDS will take into consideration any unique characteristics of the specific course or program that the student intends to pursue.

Disability documentation must be on the letterhead of a clinician who has expertise with regard to the disability involved. The documentation needs to include diagnosis, nature of disabling condition, limitations, any recommended accommodations, and duration, if temporary. Depending upon the disability, additional information may be required. For cognitive disabilities, specific data (such as evaluations, aptitude and achievement) may be required. For visual disabilities, acuity information may be required. For hearing disabilities, an audiogram may be required. Information on medication that relates to the disability is to be provided. *(Please note all documentation must be submitted in English.)*

Comprehensiveness and currency of disability documentation is essential to enable Juilliard to assess the appropriateness and form for accommodations consistent with disability needs, academic standards, and audition requirements.

No request for accommodation will be considered without sufficient documentation and generally a signed release, giving the Director of Disability Services permission to speak to your clinician, will be needed. Release forms are available from the office.

**Documentation** should be submitted to:

Holly Tedder  
Director of Disability Services & Associate Registrar  
The Juilliard School  
60 Lincoln Center Plaza New York, NY 10023  
Fax: (212) 769-6438

# Juilliard

Office of Academic Support and Disability Services

## Disability Information

\_\_\_\_\_Permanent \_\_\_\_\_Temporary (If Temporary, indicate duration) \_\_\_\_\_

### **NATURE OF DISABILITY: (CHECK ALL THAT APPLY)**

- \_\_\_ ADD/ADHD
- \_\_\_ CHRONIC MEDICAL CONDITION: Specify \_\_\_\_\_
- \_\_\_ EATING DISORDER: Specify \_\_\_\_\_
- \_\_\_ HEARING
- \_\_\_ LEARNING: Specify \_\_\_\_\_
- \_\_\_ MOBILITY: Specify \_\_\_\_\_
- \_\_\_ PSYCHOLOGICAL Specify \_\_\_\_\_
- \_\_\_ SPEECH
- \_\_\_ SUBSTANCE ABUSE: Specify \_\_\_\_\_
- \_\_\_ TRAUMATIC BRAIN INJURY
- \_\_\_ VISUAL: Specify \_\_\_\_\_
- \_\_\_ OTHER: Specify \_\_\_\_\_

**Briefly describe your disability (Provide details on how the current disability impacts your ability to participate in the educational or residential programs. Supporting medical documentation may be required):**

---

---

---

**Have you received services or accommodations in the past? Please describe the services and accommodations, when you received them, and how these services or accommodations assisted you.**

---

---

---

**Have you developed or utilized any interventions or accommodations to manage your disability? If so, how have they assisted you?**

---

---

---

# Juilliard

## Office of Academic Support and Disability Services

Do you use any medication or medical equipment to manage your disability? If you do, please describe what you use and how it has assisted you.

---

---

---

WHAT TYPE OF ACCOMMODATIONS ARE YOU REQUESTING? \_\_\_\_\_

---

---

Please briefly describe the accommodations you think you will need and how these accommodations will assist you with managing the specific impact of your disabling condition.

---

---

---

---