



UNIVERSITY OF NEBRASKA AT OMAHA ACCESSIBILITY SERVICES CENTER

SELF-IDENTIFICATION FORM

Alternate formats of this form are available. Inquire at the front desk.

NU ID: _____ Today's Date: _____

Legal First Name: _____ Legal Last Name: _____

Preferred Name: _____ Pronouns: _____
(They/Them, She/Her, He/Him, Xe/Xir, Other)

Date of Birth: _____ UNO Email Address: _____@unomaha.edu

Primary Phone: _____ Alternate Phone: _____

Is it safe to leave you a voice mail at this number? _____ No _____ Yes

Are you currently _____ Admitted to UNO _____ Enrolled at UNO _____ Other _____

Year in school: _____ Major/Degree: _____

Transferring from another college/university? _____ No _____ Yes Name: _____

Who referred you to ASC? _____

The ASC offers support to students through periodic outreach, which might include event notifications, job postings, scholarship announcements, or wellness and self care reminders. Receipt of this information is purely voluntary.

Is it ok if we send you occasional outreach emails? _____ No _____ Yes

Check all that apply:

Physical Disability, Psychological Disability, Medical Disability, Learning Disability

Temporary Disability -- Until this date: _____

Pregnancy – Due date: _____ Duration of leave: _____

Medical Supervision – Start Date: _____ End Date: _____

Housing Accommodation Request

1. Please list and describe any disability impairment type(s) affecting you.

2. How does the disability impairment type interfere with your classes and activities?

3. Please list any adjustments or accommodations you believe would provide equal access to your UNO classes, programs, and activities.

SELF-IDENTIFICATION FORM

In order to provide disability-related accommodations, your UNO instructors will receive an official notification from the Accessibility Services Center. The notification will indicate your name, NU ID, and your accommodation plan. It will not include any information about your disability or impairment.

Automatic Email Notification

The ASC will automatically send notifications via email to my instructors prior to the commencement of each semester. I understand the following items:

(Initials) Emails will be sent for every course that lists an instructor's name. For courses where no instructor is listed, no email will be sent. In these cases, it is my responsibility as the student to supply the instructor name and email address to the ASC if I want notification sent.

(Initials) If I do not receive copies of instructor notification emails before classes begin, it is my responsibility to notify the ASC immediately.

(Initials) When I receive copies of instructor notification emails, it is my responsibility to check and ensure that the correct accommodations, correct courses, and correct instructors are listed.

(Initials) It is my responsibility to inform the ASC of any classes that I drop or add after notification emails have been sent.

(Initials) I understand the pitfalls of email, which can include wrong recipient, lost, deleted, hacked, etc.

(Initials) I will check that each of my instructors received the notification email.

(Initials) In conjunction with my instructors receiving the notification email, it is my responsibility to communicate to my instructors directly if I intend to use my accommodations in their class.

Signature: _____ Date: _____



UNIVERSITY OF NEBRASKA OMAHA
ACCESSIBILITY SERVICES CENTER

6001 Dodge Street • H&K 104 • Omaha, NE 68182 • Phone (402) 554-2872 • Fax (402) 554-6015 • unoaccessibility@unomaha.edu

CONSENT FOR USE OF ALTERNATE SERVICE MODALITIES

In the event of a situation or circumstance requiring social distancing or campus closure (such as COVID-19 Coronavirus,) Accessibility Services Center (ASC) will adopt temporary alternate service modalities such as telephone calls or video chats (Skype/Zoom) in lieu of face-to-face meetings. ASC would be unable to ensure confidentiality in communication through these platforms, which are limited in technological security.

Please sign and date **only one** of the options below.

Option (A)

In the event of a service disruption due to any unexpected event, I consent to alternate service modalities such as telephone calls or video chats (Skype/Zoom.) I understand that confidentiality cannot be ensured at the same level during this period of disruption as during regular service. I understand that I may revoke this consent at any time.

Signature of Student

NUID

Date

Option (B)

I am not interested in using alternate service modalities, and I understand that services will be limited or unavailable to me until the period of disruption has ended as determined by the University of Nebraska at Omaha.

Signature of Student

NUID

Date



ASC Accommodation Procedures

Instructor Notifications

- In order to provide disability-related accommodations, UNO instructors will be e-mailed an official notification from ASC that indicates the student's name and assigned accommodations.
- The official notification will not disclose any disability-related information.

Student Responsibilities

Please acknowledge your understanding of these student responsibilities by initialing after each section:

Notification E-mails

- Double check that each instructor received the notification e-mail.
- Notify ASC if notification e-mails are not received 10 days before classes begin.
- Supply ASC with the names of instructors not listed on the class schedule on the first day of class.
- Inform ASC of any classes that are dropped or added after e-mails have been sent.

Student Initials: _____

Using Accommodations

- Meet and/or correspond (for online courses) with each instructor every semester to develop a plan for implementing accommodations.
- Communicate with faculty throughout the semester and make requests for accommodations in a timely manner.
- Keep all e-mails related to accommodations from ASC and instructors.
- After face-to-face conversations, follow up with an e-mail summary for documentation purposes.

Student Initials: _____

Accommodation Support

- Contact the ASC to review accommodations, student responsibilities, and/or matters related to faculty communication.
- Contact the ASC with any concerns about accommodations, denial of accommodations, or other related concerns.

Student Initials: _____

I have read and understand the information contained in this procedures form.

Signature of Student

NU ID #

Date



Accommodated Testing Procedures

The UNO Testing Center (“TC”) is available to students who have testing accommodations as part of their accommodation plan developed through the Accessibility Services Center (“ASC.”) Please observe the following policies and procedures for utilizing the TC for accommodated testing:

Student Responsibilities

Please acknowledge your understanding of these student responsibilities by initialing after each section:

Meet With Your Professors

- Verify that each instructor received your accommodation plan from the ASC.
- Review each syllabus to find exam dates and testing formats.
- Discuss your testing accommodations with each instructor, and explain any alternate format conversions that will be required.
- Alternate format conversions should be requested as far in advance as possible to avoid delays in material availability.
- If you or your instructor have questions about alternate format arrangements or need assistance converting exam content, contact the ASC.

Student Initials: _____

Schedule Your Exams

- Exams are scheduled by calling 402-554-4800, emailing unotestingcenter@unomaha.edu, or in person at Kayser Hall 522 during TC office hours.
- You must schedule your exam with the TC at least *five business days* in advance of the examination date.
- You must schedule your exam as close as possible to the same date and time as the classroom exam date. Any flexibility must be discussed and approved by the instructor prior to exam date.
- It is strongly recommended that you schedule the *entire semester’s exams* in advance after discussing accommodations with your instructors.
- If you have Extended Time as an accommodation, you must schedule for the full extended time, even if you think you will not use it.
- Testing accommodations must be part of your existing accommodation plan. If you want to modify your plan, please contact ASC.

Student Initials: _____

Confirm Your Exam Appointments

- Call TC at 402-554-4800 at least 24 hours in advance to confirm your exam accommodations.
- Ask if the testing materials have been delivered to TC.
- Verify the precise start time for your exam.

Student Initials: _____

Attend Your Exam Appointments

- Arrive on time. If you arrive more than 15 minutes late, you will be marked as a “no show,” and if you want to reschedule your exam, your instructor will have to approve it.
- Bring valid photo identification. A UNO MavCard is preferred.
- Store personal items in a TC locker during your exam. Electronic devices are not allowed in the TC unless specifically permitted by your accommodation plan.
- Food and drink are not allowed in the TC unless specifically permitted by your accommodation plan.
- Exam sessions are electronically monitored and may be videotaped.
- All students must abide by the University’s policy on Academic Integrity. TC is required to report any acts of academic dishonesty.

Student Initials: _____

I have read and understand the information contained in this procedures form.

Signature of Student

NU ID #

Date



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ASSISTIVE NOTE TAKING DEVICE AGREEMENT

First Name: _____ Last Name: _____

NU ID: _____

TERMS OF AGREEMENT	Please initial each section if you agree.
I will use materials only for my own personal academic use during this specific course.	
I understand that faculty members have copyright interest in their course materials, and I agree not to infringe on this right in any way.	
I will not release, digitally upload, or otherwise share all or part of the course materials. Additionally, I agree that I will not profit financially and not allow others to benefit personally or financially from the course materials.	
I understand that any violation of this agreement may subject me to discipline under the Student Code of Conduct and subject me to liability under copyright laws.	
I understand that ASC will notify my instructors of this agreement.	
I understand that I only have the right to use the electronic files for the academic term of the course.	

EXCHANGE OF ANY MATERIALS OR ELECTRONIC FILES, IN A MODIFIED FORMAT OR COPY THEREOF, IS A VIOLATION OF THE U.S. COPYRIGHT ACT. SEPARATE AUTHORIZATION MUST BE OBTAINED FOR EVERY USE OF THESE MATERIALS OR ELECTRONIC FILES, ITS MODIFIED FORMAT, OR COPY THEREOF.

My signature below indicates that I have read, understood, and will abide by all the terms and conditions of this contract, with no exceptions.

Signature: _____ Date: _____