Adaptive Educational Services

IUPUC students with disabilities are required to apply for services each semester they wish to receive accommodations. To apply, students should schedule an appointment with the Adaptive Educational Services (AES) Coordinator, by contacting Student Affairs located in CLC 1200 or by calling 812-375-7524 as soon as possible so their request can be processed. The AES Coordinator serves as the liaison between IUPUC students with disabilities and the AES Office on the IUPUI Campus.

To qualify for services, students must complete an application form (see attached) and provide recent (within the last 3 years) documentation from a professional regarding the existence of a disability.

Once the student applies and is determined eligible, the student will have documentation to provide to the instructor regarding the accommodations for which the student qualifies.

AES provides a range of services based on the documented needs of qualified students with disabilities that meet the requirements of the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973. These services may include, but are not limited to, the following:

- Suggesting accommodations to the instructor
- Note-taking services
- Testing accommodations
- Adaptive equipment

Qualified students are urged to register with the AES Office several weeks prior to each semester of enrollment in order to not delay services.

For additional information, please visit https://www.iupuc.edu/academics/resources/adaptive-educational-services/
ADAPTIVE EDUCATIONAL SERVICES APPLICATION

PERSONAL INFORMATION:

Name: _______________________________ Birth Date: _______________________________

Address: _______________________________ Student ID#: ____________________________

________________________________________ Phone: ________________________________

Cell: _______________________________ Email: _________________________________

Please check if you are receiving assistance from any of the following: ( ) Indiana Vocational
Rehabilitation Services ( ) Veterans Administration ( ) Other Agencies: _________________________

ACADEMIC INFORMATION: Major: _____________________ Minor: ______________ School: ________
I plan to be enrolled: ( ) Full time ( ) Part time ( ) Only take on-line courses

Please list any other colleges/universities attended and support services you received:
_____________________________________________________________________________________
_____________________________________________________________________________________

DISABILITY INFORMATION:
What is the nature of your disability? ______________________________________________________

If hard of hearing, do you use ( ) Sign language, ( ) Interpreters, ( ) Lip reading, or ( ) Hearing Aids?
Which is your preferred mode of communication? ___________________________________________

If visually impaired, do you use ( ) Recordings for the Blind, ( ) Visual Tek, ( ) Magnifying Glasses, or
( ) Braille?

Do you use any type of assistive technology? ________________________________________________
_____________________________________________________________________________________

In case of an emergency, who should we contact to authorize medical care?
Name: ___________________________ Relationship: __________________ Phone: _______________

What medications are you currently taking? _________________________________________________

Student Signature: _______________________________ Date: __________________________
AES Staff Signature: _______________________________ Date: _________________________