



AMDA ACCESSIBILITY SERVICES ACCESS INTERVIEW FORM

P: 323-603-5984 / F: 323-469-1739 • LAAccessibility@amda.edu / NYAccessibility@amda.edu

A. Personal Information

Name: _____ Date of Birth: ___/___/_____
AMDA ID #: _____
Housing: On campus Residence: _____ Off Campus
Email Address: _____
Phone Number: _____
In the event of an emergency, will you need evacuation assistance? Yes No
May we discuss this information with anyone else?: Name _____ Phone _____

B. Academic Information

Program of Study: BFA Conservatory
Area of Focus: Acting Music Theatre Dance Theatre Performing Arts
Studio Program Integrated Program Dance Theatre Conservatory
Current Semester: _____ Anticipated Date of Completion: _____

C. Disability Information

What is the nature of the disability for which you are requesting accommodations?

Mobility Learning Visual Auditory Psychological/Emotional
Developmental Brain Injury Speech/Language Other _____

Is your disability: Permanent Temporary

Please describe your disability in your own words, including, when applicable, how it affects your ability to function in each of the following areas: performances, classes, assignments, auditions, communication, testing, time constraints, attendance, campus life, and residential life.



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D. Acknowledgment of Accommodations Process

Disability accommodations will be considered in conjunction with official documentation from a licensed professional. For documentation requirements, please see the Accessibility Services website or use the contact information at the top of this page.

Accommodations decisions will be made after an Access Meeting with the Accessibility Services Coordinator and will be based on both documentation and conversations with the student.

By signing below, you acknowledge that you have completed this form truthfully and understand the accommodations process described above.

Signature _____ Printed Name _____ Date _____