



The University of Kansas

KANSAS LAW ENFORCEMENT TRAINING CENTER

Voluntary Self-Identification & Disability Disclosure Form

This form is designed to assist Kansas Law Enforcement Training Center administrators in determining what accommodations are possible to assist you in successfully completing the basic training program. It is a student's choice whether to voluntarily self-identify and disclose a disability; however, without the information documented in this form, it will be impossible to make any accommodation for potential physical or learning disabilities.

Student Information

Box 1

Name:

First

Last

MI

Agency Name:

I hereby request and authorize the release of the information contained in this form. I further agree to release and hold any person who completes and/or signs this form harmless from any and all liabilities which might arise from the disclosure of such information.

Signature

Date

Practitioner Information

Box 2

Name:

First

Last

MI

Title:

Area of Specialization:

Professional Credentials (Licenses, Certifications, Etc.):

Contact Information

Address:

Phone:

Diagnosis

Box 3

Specific Diagnosis:

Basis for the Diagnosis:

Test Administered	Date Administered	Score

Date of Diagnostic Interview: _____

Recommendations

Box 4

Please select one of the following options regarding recommendations for accommodation that would be helpful to the student in completing the basic training program at the Kansas Law Enforcement Training Center:

- ☐ I prefer not to offer a recommendation.
- ☐ It is my professional opinion that no accommodation is necessary.
- ☐ I recommend that the following accommodation(s) be considered:

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Please check if appropriate:

- ☐ I have attached a separate document with additional recommendations.

By signing below, I certify that the facts I have provided in this form are accurate to the best of my knowledge, and the opinions contained herein are based upon my experience, training and professional judgement. I further certify that I am qualified to render such opinions on the basis of specific training I have received in the diagnosis of disabilities.

Signature

Date

Mail to: Assistant Director
Kansas Law Enforcement Training Center
11009 South Hornet
Hutchinson, KS 67501
PLEASE LABEL ENVELOPE AS
CONFIDENTIAL