

GRAYSON COLLEGE - ACADEMIC ACCOMMODATIONS REQUEST

Information and request form to be completed by students making an initial request for accommodations at Grayson College.

In compliance with the Americans with Disabilities Act (ADA), Grayson College provides reasonable accommodations for students with disabilities and learning differences. Disability is defined in the Americans with Disabilities Act as a "physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment." Major life activities means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working."

NECESSARY DOCUMENTATION

Students requesting accommodations for the first time must submit the following documentation to support the request:

1. A completed Accommodation Request and New Student Intake Form. This information should be completed by the student if possible.
2. Documentation of disability completed by an appropriate professional preferably within the last five years.
 - Documentation that is more than five years old will be considered if recent documentation is not readily available.
 - If a copy of the student's documentation is not available to the student, complete the **Consent to Release Information** form and together with the **Qualifications for Diagnostician** form give it to the diagnostician who will be completing the **Professional Documentation of Disability**. This will enable this office to obtain additional information or clarification from the diagnostician, if necessary, while processing the request.

TIME FRAME

Students should request accommodations within 1 week of the beginning of each semester for which they are enrolled or as soon as they realize accommodations are needed. If there is a need for further verification of the disability and the need for accommodations from the student or the professional verifying the disability, it is possible that the decision on approving the accommodations will be delayed. Once the request is received, as well as all other required documentation, the Accessibility Services Office will review the documentation and schedule a meeting with the student. If approved, the accommodations will begin one week after the student delivers the accommodation approval letter to the professor/s.

ACCOMMODATION REQUEST: To be filled out by the student

Student Responsibilities:

The goal of Grayson College Office of Accessibility is to assist students in the successful completion of their courses by providing appropriate and reasonable accommodations. In order to receive services, please read and agree to the following student responsibilities:

____ I understand that Grayson College's criteria for accepting documentation of a disability and determining accommodations may not be the same as practiced by other colleges, universities, and licensing boards.

____ I understand that certain programs are designed to prepare students for a licensing exam upon successful completion of the program. It is my responsibility to obtain and submit the necessary documentation to the appropriate licensing board in a timely manner. The specific requirements for documentation of a disability are available in the GC Office of Accessibility or on each licensing board's website.

____ I understand that when transferring to another college it is my responsibility to contact that college's office of accessibility to determine their documentation requirements.

____ It is my responsibility to deliver the accommodation approval letters to my professors in a timely manner. Failure to do so will result in delayed services. Preparation of accommodations may take up to 1 week after professors receive the accommodation approval letter.

____ I understand that I must submit a new request form at the beginning of each semester to continue receiving accommodations.

____ I will attend class regularly.

____ I will complete all class and homework assignments on time. I understand that generally the due dates will not be extended for assignments which already have a deadline of one week or more.

____ I understand that technical issues and computer malfunctions are not acceptable reasons for late submission of assignments.

When sign language interpreting, CART, note taking and/or other services are provided during class or at an event:

____ I will be on time for all classes and appointments for which services are provided.*

____, I will notify Disability Services staff 48 hours in advance, if I am unable to attend a class or scheduled event.*

____ I will immediately notify Disability Services staff if I no longer need services.

____ I understand that failure to comply with the above rules may result in suspension of services.

*Tardiness beyond 15 minutes and failure to notify staff are unexcused absences and may result in a temporary suspension of services such as sign language interpreting, CART, and/or note taking. ____

Student Signature _____ Date _____

OFFICE USE ONLY

Accommodations requested for: Fall ____ Spring ____ Summer ____ of 20____ Date received _____ Initials ____

DATE _____

Name _____	ID# _____
Address _____	Cell Phone _____
City _____	State ____ Zip _____
Home Phone _____	
E-Mail _____	Major _____

Except for testing during the semester, please request support five (5) regular business days prior to the beginning of the semester. Please request ASL interpreting/CART services ten (10) regular business days prior to the beginning of the semester/class.

Support Requested (Attach documentation of disability and course schedule or fax all to **903-465-2275**):

Testing accommodations:

- _____ Entrance exam (TSI, HESI, Other)
- _____ Courses at GC
- _____ Extended time on tests (1.5 times the normal time allowed.)
- _____ With a reader and/or scribe
- _____ Private room / minimally distracting testing environment

Classroom accommodations:

- _____ Audio recording of lectures
- _____ Special classroom seating _____
- _____ Use of computer for written assignments/tests
- _____ Volunteer note taker or copy of professor's notes
(When I am absent, the note taker is not responsible for providing notes for that day. I am responsible for obtaining notes and important information from classmates, the professor, or on-line. _____)
- _____ OTHER (Please Describe) _____

Either in person or by electronic means, students should submit the following to the Accessibility Services Coordinator: class schedule (if currently enrolled), request/intake, and supporting documentation. Fax number is **903-465-2275** if needed.

For an appointment, call **903-463-8751** or e-mail **hodgej@grayson.edu**.

STUDENT INTAKE INFORMATION: To be filled out by the student

Describe your type of disability (e.g., physical, mental, or learning) and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability (e.g., hearing impairment, visual impairment, dyslexia, etc.) and how it will affect your ability to take exams and/or learn:

Describe the specific accommodation/s you are requesting (e.g., extra time, additional break time, separate room if verbalizing or using a reader, or special equipment):

Describe testing accommodations that you have been provided in the past, if any:

SIGNATURE: _____ DATE: _____

CONSENT TO RELEASE INFORMATION: To be filled out by the student if a copy of his/her documentation is not available

I authorize _____ to release any and all information regarding my disability(ies) to the Grayson College Office of Accessibility Services.

I understand that information obtained by this authorization will be used to determine my eligibility for reasonable accommodations

Signature: _____ Date: _____

Submit completed form to your diagnostician and forward a copy to the Grayson College's Accessibility Services Office.

QUALIFICATIONS FOR DIAGNOSTICIAN

- For physical or mental disabilities other than learning disabilities - a licensed physician or psychologist with expertise in the area of disability.
- For learning disabilities - a licensed psychologist or psychiatrist who has experience working with adults with learning disabilities and or another qualified professional with a master's or doctorate degree in special education, education, psychology, educational psychology, or rehabilitation counseling who has the training and experience in all the areas below:
 - Assessing intellectual ability level and interpreting tests of such ability
 - Screening for cultural, emotional, and motivational factors
 - Assessing achievement level
 - Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.

PROFESSIONAL DOCUMENTATION OF DISABILITY

Submit this form to the Diagnostician for completion and return to the Grayson College Office of Accessibility Services on the Main Campus in Denison. The Diagnostician should be a qualified professional with expertise in the area of the diagnosed disability.

Student's Name: _____
(First) (Middle) (Last)

1. Describe the specific diagnosis of the disability (e.g., physical, mental, learning). Include DSM- IV code, if applicable.

2. Describe the nature, history, and extent of the disability, how it limits one or more of the student's major life activities, and if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.).

3. When was the disability first diagnosed? Describe the tests used to diagnose the disability, findings, and interpretation of test results obtained. Attach extra sheets as needed. When was the last evaluation done?

PROFESSIONAL DOCUMENTATION OF DISABILITY

Student's Name: _____

4. What is the effect of the disability on the student's ability to perform under classroom and/or testing conditions? What are your specific recommendations for accommodations for this student? Please include a detailed explanation of why these modifications are required.

5. Please describe your credentials, education, and experience which qualify you to make this diagnosis and recommendations for testing. Please refer to attached Qualifications for Diagnostician.

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the student named above, and that the diagnosis and assessment of modification requested are based on my professional judgment. I understand that the Grayson College Office of Accessibility may contact me to obtain additional information.

Name _____ Title _____

Signature _____ Date _____

Office Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Type of Professional License/Certification and No. Expiration Date of License