

Reid State Technical College Voluntary Disclosure of Disability

Dear Student:

The purpose of the American Disability Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success.

It is important to understand that while this disclosure is voluntary, a student with a disability has the legal responsibility to request any necessary accommodations in a timely manner and to provide the institution with appropriate, current documentation of the disabling condition. Completing this form is the first step in that process. Once this form has been received by the ADA Coordinator, you will receive additional information as to how to proceed with requesting accommodations and providing documentation. Guidelines outlining the requirements for documentation of disabilities are listed on the back side of this form.

The information on this form will be kept strictly confidential and used only to provide appropriate services.

IF YOU ARE NOT DISABLED STOP HERE. DO NOT COMPLETE OR RETURN.

Name: _____ SSN: _____

Home Address: _____

Home Phone Number: _____ E-mail: _____

Nature of Disability:

- Deaf
- Hearing Impaired
- Blind
- Visually Impaired
- Mobility Impaired
- Attention Deficit
- Other health Impaired
- Other (please specify)

Limited major life activity:

- Reading
- Writing
- Mathematics
- Attention
- Physical Activity
- Mobility
- Speech
- Other (please describe)

Will you be receiving assistance from Vocational Rehabilitation Services, the Division of Services for the Blind, or other agencies? Yes _____ No _____ (If yes, please specify which agency or service.)

Signature Date

Dr. Linda Alford
P. O. Box 588
Evergreen, AL 36401

Reid State Technical College
Access Services for Students with Disabilities

A Guideline Outlining Requirements for Documentation of Disability

Instructions for Students

Any qualified student with a disability requesting reasonable accommodations at RSTC will need to:

- Arrange a time to meet with the ADA Coordinator to complete an intake assessment.
- Present formal documentation of your disability at the intake assessment; or make the necessary arrangements to have your documentation mailed, faxed, or hand-delivered to the ADA Coordinator's office (listed on the reverse side of these guidelines).
- Be responsible for any expenses associated with documentation, delivery of documentation and for assessments from professionals.

DISABILITY	DIAGNOSTICIAN(S)
ADD, ADHD (See #2 below)	Psychologist, Psychiatrist, Physician
Emotional Disability	Psychologist, Psychiatrist
Visual Impairment	Ophthalmologist
Hearing Impairment	Certified Otologist, Audiologist
Learning Disability *	Psychologist, Neuro-psychologist, School Psychologist
Physical Disability	Physician, Specialist in Area of Disability
Psychological Impairment	Psychiatrist or Psychologist trained in differential diagnosis

Instructions for Diagnosticians, School Psychologists, and other Professionals

- Your diagnosis of a disability should be clearly stated. DSM-IV Diagnostic notation or ICD-9 nomenclature should be included in the report.
- Supporting testing or studies should accompany each diagnosis. Documentation of ADD/ADHD should be within the past three (3) years, and should be provided on the 'ADD/ADHD Verification Form' available through Access Services.
- Clear and specific accommodations should be included with the reports.

*** Learning Disability Assessment Reports MUST Include:**

- An IQ Test and an Achievement Test: both administered at the adult learning level.
- WAIS-R. (In lieu of a WAIS-R, two WISC-III test that are correlated within 15 IQ points of each other may be acceptable.)
- Woodcock Johnson, or Woodcock Johnson-R. (The WRAT-R and the WRAT-III tests are **NOT** comprehensive measures of achievement and therefore are not appropriate for documentation.)
- Exact instruments used, test results (including subtest score date), written interpretation of the results, name, title, and professional credentials of the evaluator, and the dates of the testing.
- Clear and specific evidence which identifies specific learning disabilities and reflects the individual's present level of adult functioning in processing and intelligence, as well as achievement.
- Clear and specific accommodations should be included with the reports.

Please Note: IEP's, ITP's, and 504 Plans do not meet documentation requirements, but may be included a part of a more comprehensive assessment battery as described in this document. Additionally, individual "learning styles", "learning differences", and "academic problems" in-and-of themselves do not constitute a learning disability.

Each student's documentation will be evaluated on a case-by-case basis. Following these guidelines will ensure proper consideration of each student's individual situation in the timeliest manner.

Reid State Technical College
Access Services for Students with Disabilities

DISABILITY VERIFICATION
for Students with

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD)

TO BE COMPLETED BY PSYCHIATRIST/PSYCHOLOGIST/DIAGOSING PHYSICIAN

_____ is requesting academic accommodations/services through the ADA office at Reid State Technical College (RSTC). To ensure the provision of reasonable and appropriate services for students with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, RSTC requires documentation of disability and information from a qualified medical professional which provides:

- the diagnosis of ADD/ADHD;
- a description of attention difficulties and functional limitations in an educational setting;
- an indication of the severity and longevity of the condition;
- information about medications prescribed and the side effects of these medications;
- and, clear and specific reasonable accommodations.

To facilitate the gathering of such information, we ask that you respond to the following questions.

1. Date of Diagnosis: _____
2. Date of last contact with student: _____
3. What procedures were used to assess/diagnose ADD/ADHD?

4. Describe the symptoms, which met the criteria for this diagnosis with approximate date of onset.

5. Describe the severity of the condition and this student's functional limitations in an educational setting.

6. Is this student taking medication? If yes, please list medication(s); indicate date of initial prescription and possible side effects of this medication.

DISABILITY VERIFICATION CONTINUED

7. Will this student continue to need accommodations when utilizing recommended medication?

8. In addition to the diagnostic report, please attach any other information that you feel is relevant in determining appropriate accommodations for this student.

Other Comments:

Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Telephone: _____ E-mail: _____

Thank you for your assistance in completing this verification form. Please return this information to the ADA Coordinator listed below:

**Dr. Linda Alford
P. O. Box 588
Evergreen, AL 36401
251.578.1313 x 132
lalford@rstc.edu**

Reid State Technical College

ADA Office

STUDENT RESPONSIBILITIES AGREEMENT

The following is a contract stipulating your responsibilities as a student with a disability, who is requesting disability services via the ADA Office.

1. In a situation where classroom accommodations are needed, I will arrange to meet with my instructor(s) to discuss the nature of my disability.
2. At this meeting, I will discuss with my instructor the kinds of course modifications that are appropriate to my special needs: test modifications (oral, extended time), the use of one or more of the following items: tape recorder, calculator, note taker, etc.
3. If any time during the course of a semester direct advocacy is needed, I will promptly contact the ADA Coordinator to obtain the assistance needed.

I agree to the above set of responsibilities.

Print Student Name: _____

Student's Signature: _____

Date: _____

Form received by: _____ Date: _____

Reid State Technical College

Classroom Accommodations

ADA Office

Student's Name:	Student Number:
Course:	Semester:
Day/time of Course	Instructor's Name:
Accommodations Proposed:	

ADA Coordinator Signature

Date

Listed below are the accommodation(s) the student and instructor agreed upon *if different* from those proposed above:

Student's Signature

Instructor's Signature

After completing this document, the instructor will return it to the ADA Office for filing.

NOTE: This document and the information obtained herein are **CONFIDENTIAL** and shall not be shared with any party, except to the extent necessary to carry out appropriate accommodations. However, this document shall be subject to review by appropriate state and federal authorities to ensure compliance by Reid State Technical College with applicable federal, state and local disabilities laws and statutes.

Reid State Technical College

Instructor's End of Semester Report

ADA Office

Student's Name:	Student Number:
Course:	Semester:
Days/Time:	Instructor:

1. Did the student turn in a Classroom Accommodation(s) Form?

Yes _____ No _____

If yes, were the agreed upon accommodations/services provided to the student?

Yes _____ No _____

If No, explain: _____

2. Briefly describe the student's overall performance in your class.

Instructor's Signature

Date

Please return this form even if the student did not give you a request for a accommodations; however, please note that you did not receive a request.