WASHINGTON COLLEGE

DISABILITY DISCLOSURE & INITIAL ACCOMMODATION REQUEST FORM

In conjunction with Washington College's *Policy on Students with Disabilities* (see Washington College catalog), the Office of Academic Skills (OAS) is the College's designated provider of support services to enrolled students with documented disabilities in compliance with federal statutes as defined by the Americans with Disabilities Act and the Rehabilitation Act of 1973. In this role, the OAS is committed to providing reasonable accommodations in order to ensure students have equal access to all Washington College academic programs and services.

FULL NAME: _____ STUDENT ID: _____ DOB: _____
ADDRESS: _____ HOME PHONE: _____
CITY: _____ CELL PHONE: _____
STATE: _____ ZIP CODE: _____ EMAIL: _____
ACADEMIC STANDING: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Transfer

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DISABILITY INFORMATION

Check all disabilities that have been diagnosed, and for which **current, supporting documentation** can be provided:

☐ Learning Disability ☐ ADD/ADHD ☐ PDD/Autism Spectrum Disorders ☐ Mobility Impairment
☐ Blind ☐ Visually Impaired ☐ Deaf ☐ Hearing Impaired ☐ Psychiatric/Mental Health Impairment
☐ Chronic Health Impairment ☐ Other: _____ ☐ Other: _____

☐ I have a diagnosed disability but have no current, supporting documentation.

COMMENTS: _____
_____

Please describe how your disability/condition affects you, both academically and personally: _____
_____
_____

Describe any current treatments or medications that may impact requested accommodations auxiliary aids, and services:
_____
_____

It is the responsibility of the individual requesting accommodations, due to a disability to provide appropriate documentation to the OAS before any accommodations can be discussed and implemented. Any cost of obtaining this documentation is the student's responsibility. Any questions regarding specific types of appropriate documentation should be directed to the Director of Disability Services and the Office of Academic Skills.

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ACCOMODATION HISTORY

Have you ever received accommodations, auxiliary aids, and services? ☐ Yes ☐No

If yes, what accommodations have you received in the past? (Check all that apply.)

ACCOMMODATIONS:

☐ Preferential Seating/Specialized Seating ☐ Advanced Viewing of Instructional Materials ☐ Large Print
☐ Laptop/Tablet/Phone in Class ☐ Extended Time on Tests ☐ Distraction-reduced Testing
☐ Laptop for Testing ☐ Reader for Testing ☐ Scribe for Testing ☐ Specialized furniture/Devices
☐ Assistive Software/Hardware for Testing: _____
☐ Other: _____

AUXILIARY AIDS/SERVICES:

☐ Record Lectures ☐ Interpreter/CART/C-Print ☐ FM Systems ☐ CCTV/ Captioned Materials
☐ Note-taking ☐ Textbooks in Alternative Format ☐ Assistive Hardware & Devices: _____
☐ Assistive Software: _____ ☐ Other: _____

If no, what accommodations, auxiliary aids, and/or services will be requested if you are determined to be eligible as a student with a disability? _____
_____
_____

(1) I certify that information presented on this form is complete, accurate, and true to the best of my knowledge.
(2) In providing this information to Washington College Disability Services and the Office of Academic Skills, I acknowledge the disclosure of my disability(ies)/condition(s) for which I am currently seeking accommodations, auxiliary aids, and services.
(3) I understand that in addition to this form, current and supporting documentation from a professional diagnostician must be received before any accommodations, auxiliary aids, and services can be implemented.

Student's Signature: _____ Date: _____

Please send current, supporting documentation of disability to:

Andrea Vassar, M.Ed.
Director of Disability Services and Office of Academic Skills | Section 504/ADA Coordinator
Washington College | 300 Washington Avenue | Chestertown, MD 21620
PHONE: 410-778-7883 | FAX: 410-778-7884 | avassar2@washcoll.edu

WASHINGTON COLLEGE

UNDERSTANDING DISABILITIES AT THE POST-SECONDARY LEVEL

All students with disabilities are eligible for protections under the American with Disabilities Act Amendments Act (ADA AA) of 2008 and Section 504 of the Rehabilitation Act of 1973 (as amended). Under the ADA AA 2008, a disability is defined as "a physical or mental impairment that substantially limits one or more major life activities, having a record of such impairment, or being regarded as having such impairment." Student with disabilities requesting accommodations and services at Washington College must participate in the disability disclosure process and be determined to be eligible as a student with a documented disability prior to the development and implementation of an accommodation plan. This multi-faceted process includes the student's self-disclosure, initial interview, and the timely submission of documentation regarding a disability(ies)/condition(s). In order to receive reasonable accommodations, auxiliary aids, and services at the post-secondary level, this documentation must provide (1) objective evaluative information; (2) an interpretation of the evaluation results; (3) include statements identifying the area of disability; (4) provide evidence of the disability's impact on a major life activity(ies); and (5) suggest recommendations for accommodations. Policies regarding disability documentation are consistent with 504/ADA laws and the Association on Higher Education and Disability (AHEAD) best practices principles.

STATEMENT OF CONFIDENTIALITY

The Office of Academic Skills (OAS) at Washington College is committed to protect the confidentiality of students with disabilities as required or permitted by law. Information obtained by the OAS related to a student's disability is maintained in a confidential manner consistent with the Family Educational Rights and Privacy Act (FERPA) and is shared with appropriate Washington College officials who have a legitimate educational interest in the information. Ensuring effective provisions of accommodations, auxiliary aids, and services may necessitate the OAS to disclose and discuss the student's disability information with Washington College officials including administrative, faculty, and professional staff. Any disclosure and/or discussion of disability-related information done for the purpose of providing reasonable accommodations, auxiliary aids, and services for students with documented disabilities.

STUDENT STATEMENT: RELEASE/EXCHANGE OF INFORMATION

I have been informed of the policies regarding confidentiality and the release/exchange of information regarding my disability and related academic, medical, and/or psychological/psychiatric records between the OAS and other academic resource centers, the counseling center, Health Services, student affairs, and Washington College administrative, faculty, and professional staff, as warranted and appropriate. I understand that the Director of Disability Services and the OAS may discuss my disability-related information with those professionals who have evaluated or diagnosed the condition for which I am seeking accommodations and with those who I am currently in educational, medical, and/or therapeutic support. I understand that all information released and discussed will be utilized for the benefit of my academic program at Washington College and for the purpose of providing the reasonable accommodations, auxiliary aids, and services for which I have been determined to be eligible.

Student's Signature: _____ Date: _____