



Application for Services for Students with Disabilities

Personal Information

Date: ____/____/____

Banner# _____

Name: _____

Mailing Address: _____

Date of Birth: ____/____/____

Age: _____

Phone (Home) _____

Phone:(Cell, Other) _____

Email: _____

Major: _____

Enrollment Information

Enrollment Status *: Full Time Part Time Not Enrolled

Class: Freshman Sophomore Junior Senior Graduate Student

College: College of Arts & Sciences Boler School of Business Undeclared

**If not enrolled, expected start* Fall Spring Summer

Additional Information

Are you a consumer of Bureau of Vocational Rehabilitation, Bureau for the Visually Impaired or Bureau for the Deaf and Hard of Hearing? Yes No If yes, which agency? _____

If yes, what is your counselor's Name: _____ Phone: _____

Education Information

Where did you attend high school? _____

Did you receive special education services in high school? Yes No

Did you transfer from another college or university? Yes No

If yes, where did you transfer from? _____

Have you received accommodations from another college or university? Yes No

If yes, what accommodations did you receive? _____

Disability Information

Please mark ALL that apply: *I am requesting accommodations because I am an individual with:*

- Attention Deficit Hyperactivity Disorder (ADHD)
- Psychological/Psychiatric Impairment
- Learning Disability
- Chronic/Acute Medical Illness
- Traumatic Brain Injury/Closed Head Injury
- Visual Impairment
- Mobility Impairment
- Physical Impairment
- Hearing Impairment
- Other: _____

Date of Initial Diagnosis: _____ Diagnostic Practitioner: _____

Please describe your primary disability:

How does your disability affect your academic activities?

How does your disability affect your daily functioning?

Please describe academic or physical accommodations you received in high school/college:

Please describe any secondary disabilities (if applicable).

Are you currently seeing a psychiatrist, therapist or counselor? Yes No

Are you interested in receiving information on the JCU Counseling Center? Yes No

Are you interested in receiving information about disability workshops? Yes No

Please list **all** prescribed and non-prescribed medications, include dosage, when administered (i.e. 2 times or 1 time daily), and describe the side effects, if any, from taking the medication. Please use additional space if necessary.

	Dosage	Administered	Side effects
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Please describe requested accommodations and how they will address your specific disability:

Accommodation	Addressed Need

Do you have any additional concerns regarding SSD services or your application?

**INFORMED CONSENT
(RELEASE OF INFORMATION FOR SERVICES FOR STUDENTS WITH DISABILITIES)**

Confidentiality of information is an important component of Services for Student with Disabilities (SSD). Information provided to SSD is considered part of your educational record and is covered under The Federal Family Education Rights and Privacy Act (FERPA). As an enrolled student you receive an update about FERPA each year via mail, copies of this policy document are also available from the registrar. Information provided to this office will be used to establish ADA/504 eligibility and to develop appropriate accommodations for a given disability.

Once any papers are received SSD will create a paper file. SSD owns and maintains these files in secure storage for up to five years after the last year in which the student was enrolled with SSD. After that time, SSD destroys the physical file and all its contents.

At times it is necessary to speak with professors and other University personnel regarding a SSD registered student. University officials who have a legitimate educational interest in your disability status also have access to FERPA protected records.

For SSD purposes this release of information authorizes exchange of information between SSD officials and **your current and past professors, any agency or person who conducted an evaluation submitted for consideration of accommodations, and qualified psychological/medical staff of the University.**

Information may also be released **without prior consent** to appropriate off campus individuals in accordance with legal and ethical standards, such as behavior which endangers the safety of self or others, child or elder abuse, or upon an official court order. Appropriate information may also be disclosed in the event of a medical emergency. On occasion, third parties such as courts of law, civil rights investigators, etc. may legally order SSD to release information with or without a signed authorization from the student.

SSD encourages students to obtain and keep copies of their documentation for future use. SSD **will not** forward documentation that originated with another institution or professional, nor will we provide copies for your future records.

If you have any questions regarding these policies, please discuss them with the Disability Director before signing this release. Your signature verifies that you have read, understand and agree to these policies. You can request a copy of this form for your records.

Signature

Printed Name

Date

Witness

Printed Name

Date

NOTE: This release of information does not constitute an approval by SSD for accommodations.

STUDENTS RIGHTS AND RESPONSIBILITIES DISABILITY SUPPORT SERVICES

Qualified students with disabilities have the right to an equal opportunity to participate in programs offered through John Carroll University. Students who choose to exercise these rights have the responsibility to initiate and participate in the accommodation process. Recognizing this, students:

1. Have a responsibility to identify themselves as needing accommodation in a timely fashion. The student must provide documentation from an appropriate licensed professional.
2. Have a responsibility to document how their disability affects a particular delivery system, instructional method, or evaluation criteria when requesting accommodation.
3. Have a responsibility to actively participate in the search for accommodations and auxiliary aids.
4. Have the responsibility of notifying their instructors of their disability and providing them with letters of accommodation (LOA's).
5. Have the responsibility to communicate to their professors their individual needs and work with the professor on methods of accommodation.
6. Have the responsibility to schedule proctored exams in advance of test date.
7. Have the same obligation as any student to meet and maintain the institution's academic and technical standards.
8. Have a right to be evaluated based on their ability, not their disability. If their disability affects the outcome of an evaluation method they are entitled to an evaluation by alternate means.
9. Are entitled to an equal opportunity to learn. If the location, delivery system or instructional methodology limits their access, participation, or ability to benefit, they have a right to reasonable alterations (to be determined by University officials) in those aspects of the course (or program) to accommodate their disability.
10. Are entitled to an equal opportunity to participate in all aspects of the academic community at a comparable level that is provided to any student.
11. Have a right to appeal decisions concerning accommodations.

John Carroll University has a responsibility to identify and maintain the academic and technical standards that are fundamental in providing quality academic programs while ensuring access to students with disabilities. In meeting these obligations the University:

1. Has the responsibility to inform its applicants and students about the availability and the range of accommodations.
2. Has the responsibility to ensure that all of its programs (not all physical facilities) are accessible.
3. Has the responsibility to make reasonable adjustments in the delivery, instructional method and evaluation system for a course to accommodate the specific manifestation of the disability.
4. Has the responsibility to adjust, substitute or waive any requirement/course that has a disproportionately negative impact on a disability and is not fundamental to the student's academic program.
5. Has the right to identify and establish the abilities, skills, and knowledge necessary for successful entrance into its programs and to evaluate applicants on that basis.
6. Has the right to identify and establish the abilities, skills, and knowledge that are fundamental to academic programs/courses and to evaluate each student's performance on that basis.
7. Has the right to request and review documentation on a yearly basis in support of accommodation requests. Upon review by appropriately designated SSD individuals, the University has the right to refuse an unsupported or unreasonable request.
8. Has the right to select between equally effective methods of accommodating a student with a disability.
9. Has the right to refuse an accommodation based on undue hardship as determined by designated University officials (e.g. a major structural renovation).

I have read the above statement of rights and responsibilities and agree to abide by such statements for such time as I am receiving services from Services for Students with Disabilities. Furthermore I understand that failure on my part to abide by these guidelines could hinder timely appropriation of accommodations.

Student

Services for Students with Disabilities Representative

Date

Date