

Accommodations Registration

Student Disability Services
Return to H.W. Smith Student Success Center, Axe Library - First Floor

- A. I understand that I am registering with Student Disability Services at Pittsburg State University for services for students with disabilities and that I may be eligible for services such as information, referral, reasonable accommodations, and/or individualized services that may be needed for access to employment, activities, academic programs, services, or facilities. To access necessary services, I may be referred to other appropriate PSU or community agencies.
- B. I understand that PSU requires disability-related information to provide services and to conduct reporting and research functions and that data is kept by disability classification.
- C. I understand that I am responsible for reviewing the procedures and responsibilities pertaining to the provisions of access and accommodations to individuals with disabilities and procedures for grievance in the event I feel I have been discriminated against. This information can be found at the following website: https://www.pittstate.edu/office/institutional-equity/grievance-procedures.html.
- D. I understand that I will not be eligible for services if I do not provide documentation of a diagnosed disability, do not have a diagnosed disability, or do not follow the policies and procedures pertaining to the provision of access and accommodation at PSU.
- E. I understand that if I request accommodations, Student Disability Services may need to consult with other PSU personnel. I give my permission to have disability-related information shared with appropriate personnel on a need to know basis to facilitate such requests.

| I am registering for: Fall S | pring | _ Summer | _ Acad | emic Year:_ | |
|--|-------------|---------------|---------------|----------------|-----------|
| My college standing class:Free | shman _ | Sophomore | Junior _ | Senior | Graduate |
| Name: | | | Student l | [.D. #: | |
| Current Address: | | | | | |
| Permanent Address: | | | | | |
| Telephone: | PSU E-mail: | | | | |
| I have read and agree to the terms University, Student Disability Ser | | ccommodations | s Registratio | n for Pittsbu | irg State |
| Student Signature: | | | Date: _ | | |
| | | | Office | use only: Date | Received: |
| | | | | | Initials: |



Request for Accommodations

Student Disability Services Return to H.W. Smith Student Success Center, Axe Library - First Floor

| Student ID#: | Name: | | | | |
|--|--------------------------------|---------------------------------------|-----------------------|--|--|
| TYPE OF ACCOMM | ODATION: | | | | |
| Housing | Academic Academic | ☐ Temporary | | | |
| TYPE OF DISABILIT | Y (CHECK ALL THAT APP | LY): | | | |
| Health Related | ☐ Learning Disability | Psychological/ Psychiatric | ADD / ADHD | | |
| ☐ Physical/Orthopedic ☐ Vision Impairment | ☐ Chemical Dependence ☐Other: | Hearing Impairment | Acquired Brain Injury | | |
| Interview Section: Describe your diagnosis. | | | | | |
| | | | | | |
| | | | | | |
| Describe how your disabil | ity affects your performance a | s a student (learning or living in Un | iversity housing). | | |
| | ity affects your performance a | | iversity housing). | | |
| | | | iversity housing). | | |
| | | | iversity housing). | | |
| Tell me about your previo | | | iversity housing). | | |
| Tell me about your previo | | | iversity housing). | | |
| Tell me about your previo | | | iversity housing). | | |

| University Accommodations: | |
|-----------------------------------|--|
| Housing: | Academic: |
| ☐ Ground Floor Assignment | ☐ Allowed to |
| ☐ Elevator | take exams |
| ☐ Furniture Adjustments | in altered |
| ☐ Roll in Shower | format |
| ☐ Room w/ Visual | Preferential Seating |
| Fire Alert | Table rather than desk |
| ☐ Single Room | Extended Exam Time |
| ☐ Private Bathroom | Time $+1/2$ or $2x$ |
| ☐ Service Animal | Out of Class in a distraction reduced location |
| ☐ Wheelchair Accessible Room | Reader |
| Other: | ☐ Keadel |
| | ☐ Allowed a calculator during |
| | exams |
| | Allowed to record lectures |
| | CART Service Interpreter / |
| | ASL Interpreter |
| | ☐ Low Vision Aids – Large |
| | Prints |
| | ☐ Allowed alternate textbook |
| | (E-Text for required |
| | textbooks) |
| | Receive copy of |
| | notes/presentations prior to |
| | class |
| | Other: |

Pittsburg State University Student Accommodation Documentation Checklist

The following checklist is designed to help current and prospective Pittsburg State University students who are interested in services with the Student Disability Services. Students do not have to submit all the following items; however please submit as many as possible.

* Students are encouraged to acquire and submit the appropriate documentation so that service eligibility can be determined in a timely manner and accommodations can be implemented before classes begin.

Assessment Information: Recent assessment (within the last 4 years for high school students and the last 5 years for non-traditional students) includes school-based testing and/or private testing. Complete psychometric assessment with test analysis and interpretation. Educational Information: Maintaining a portfolio of education information is very helpful. This information might include: High school transcripts or from other post-secondary institutions the student has attended. Individual Education Plan (IEP), 504 Plan (just the most recent/current) _____ Evaluation/Eligibility reports for special education or 504 plan Verification of accommodations: Written summary of informal and formal accommodations received while in school (i.e., extended time, alternate location for testing, etc.) from school staff (i.e., guidance counselor, school psychologist, case manager, etc.) __ Formal ACT, SAT or other standardized testing accommodations: Copy of the letter from the testing service verifying the accommodation granted. ____ Summary of Performance Statement (SOP) report included in the IEP as student graduates from high school. _____ Reports or summaries from tutors or learning specialists.

| <u>Medical Information:</u> Documentation of only those conditions which may impact learning (i.e., |
|---|
| seizures, chronic pain, ADHD, Anxiety, etc.) |
| Medical reports from physician or specialist relevant to area of disability (documentation should demonstrate that a comprehensive assessment was conducted and that a person with appropriate credentials made the diagnosis according to DSM-IV-TR guidelines. |
| A summary of current symptomatology, treatment and ongoing needs should be included. Documentation should provide a narrative summary of evaluation results with clear evidence of clinically significant impairment in the academic setting. |
| A rational for each accommodation should be included in the summary from physician, psychiatrist, etc. |
| A medical note is not sufficient evidence to support the need for numerous accommodations.) |
| Student Information: A key component to determining eligibility for post-secondary accommodation services is an interview with the student and their identification and understanding of accommodation needs. Therefore, the student should be prepared to provide information: |
| Personal understanding of disability and its impact on overall educational needs |
| Relevant information related to learning assets and challenges |
| Understanding of specific accommodations that are needed |
| Completed Pittsburg State University Registration/Request for Accommodations Forms |