APPLICATION PROCESS

To determine eligibility and receive accommodations:

1. Complete and return the application along with appropriate documentation. Please keep a copy of your documentation.

2. The Disability Resource staff will review the application and documentation and determine appropriate action:
   A. Requested accommodations approved.
   B. Requested accommodations denied.
   C. Request for additional documentation.

3. The DRC staff will schedule a meeting with you to discuss accommodation options, implementation process, and other available support services.

GUIDELINES FOR DOCUMENTATION

A student requesting reasonable accommodations is responsible for providing documentation that clearly identifies their condition and provides sufficient information regarding the manifestation of the condition to permit Dixie State University (DSU) to determine as to whether the requested adjustments are appropriate and reasonable.

Proper documentation is critical in determining eligibility for accommodative services. The guidelines listed below will assist Disability Resource Center (DRC) staff in determining eligibility for the purposes of academic accommodations at DSU.

The documentation should address each of the following:

1) Documentation must be typewritten on business letterhead from a licensed Professional who is not related to the student and qualified to give a psychological and/or medical diagnosis. The name, credentials, and signature of the licensed professional must appear on the documentation.

2) Documentation should be current, preferably not older than three years.

3) Include information outlining testing/assessment tools. Learning disability testing must include the actual standard test scores, i.e. the broad-cognitive score and the achievement scores, and must demonstrate the standard deviation between the broad cognitive score and the achievement scores.

4) Documentation must address any functional limitations and effects of the condition on academic activities.

5) Address all pertinent positive and negative effects of mitigating measures. This could include a description of treatment, medications, and potential side effects.

6) Provide recommendations for accommodations for the individual and include the rationale for the recommended accommodations.
Application for Services

PERSONAL INFORMATION

Name: ___________________________________________ Preferred Name: ________________________________
DSU ID: __________________________________________ DOB: ________________________________
Street Address: __________________________________________________________
City: __________________ ST: ______ ZIP: __________ Gender: Male / Female
Phone: ____________________________ Dmail address: ____________________________________________

SCHOOL INFORMATION

When are you planning to start classes? ________________________________
Have you attended DSU before? Yes/No If yes, when? ________________________________
Did you receive DRC services? Yes / No. If yes, what services did you receive? ________________________________
What is your major? __________________________________________
What is your career goal? __________________________________________
Have you met with DSU Academic Advisor? Yes / No If yes, Name of Advisor ________________________________
High School Attended: __________________________________________
Were you in special education classes? Yes / No Do you have IEP Yes / No
List other colleges you have attended: _______________________ Year ___________________
Are you currently registered or working with Vocational Rehabilitation? ________________________________
If yes, please indicate the full name and contact information of your counselor
_________________________________________________________________________________________
PRESENTING CONCERN/DISABILITY INFORMATION

What is your most pressing concern as a student?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Have you been previously tested for learning problems? ________________________________
If yes, how old were you when the condition was first diagnosed? _______________________

Please describe briefly what you were diagnosed with: _________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Family History

Have any of your siblings ever been diagnosed with learning/attentions problems? ________
If yes, please explain: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Have any of your siblings been treated for emotional concerns? _________________________
__________________________________________________________________________________
__________________________________________________________________________________

Have any of your parents been diagnosed with learning/emotional problems? 
If yes, please explain: ________________________________________________________________
__________________________________________________________________________________
Please describe how the condition you experience will limit or affect your activities at the college.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please list academic resources or accommodations you believe will help you be successful in college.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

(Please Review Carefully)

I recognize that the responsibility for requesting accommodations is mine, and it is necessary for me to communicate my needs clearly to each instructor, each semester, with sufficient notice. I also recognize that some accommodations may take at least four weeks to provide. I realize valid documentation is required before I can receive accommodations.

________________________________________________________________________________________

Student Signature  Date
I, ___________________________________________ ID # ______________________________________

Authorize the Disability Resource Center to discuss, seek clarification, and share information with the following individuals that has legitimate interest in my education.

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<th>Name</th>
<th>Relationship</th>
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Authorizations to the individuals listed above are valid and may be terminated by me at any time, through a written request to the DRC Coordinator. Consent is not necessary if information is needed in connection with health, safety or emergency to protect the student or others.

__________________________
Signature

__________________________
Date
Student Responsibilities Acknowledgement

I, ____________________________________________, understand that it is my responsibility to do the following in order to receive accommodations from the DSU Disability Resource Center (DRC) while attending the university:

_____ Provide the DRC with appropriate documentation, as required by ADA, of my disability to verify my initial eligibility. This may include medical records, psychological evaluations, and high school special records. It may be required that I provide updates of such documentation.

_____ Discuss functional limitations caused by my disability and assist the DRC in determining which accommodations are appropriate.

_____ Meet with the Disability Resource Center staff each semester to review my classes, academic progress, and arrange needed accommodations for the new semester.

_____ Take responsibility for my education at DSU by obtaining assistance from other student services such as academic advising, the library, tutoring labs, college success workshops, etc. I will also contact instructors and service providers when appropriate to discuss concerns regarding approved accommodations.

_____ Contact the Disability Resource Center staff when changes occur, services are interrupted for any reason, or a problem occurs with approved accommodations.

_____ Adhere to the DSU student Code of Conduct, college policies, and attendance requirements to include:
   1. Meeting attendance requirements for each class.
   2. Getting approval by Faculty members for all excused absences.
   3. Cooperate by attending scheduled appointments, training on adaptive equipment, or other scheduled activities of the DRC and understand that:
      a) If I do not show up within 15 minutes of the start of class, the note taker, interpreter, or other service provider will leave the class and report the absence to the DRC office.
      b) If 3 consecutive classes are missed (without receiving prior approval) or if there is a pattern of missing classes on a regular basis, services will be suspended until after I meet with the DRC Coordinator.
   4. Maintain borrowed equipment in good condition and return in a timely manner (end of semester).
      If borrowed equipment is not returned when agreed upon, a hold will be placed on my registration and grade transcripts.

ACKNOWLEDGEMENT: By initialing the items above and by signing this form, I acknowledge my understanding of each of these responsibilities and verify that I have had an opportunity to ask questions and discuss the responsibilities with the DRC.

_________________________________________  _________________________
Student Signature                                      Date