Application Process

To determine eligibility and receive accommodations:

1. Complete and return the application, appropriate documentation, and student responsibilities acknowledgement form via email to drc@dixie.edu or submit in person to our office, North Plaza Building #154. 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) What is the specific diagnosis/health condition? Please provide the relevant DSM-V or ICD code.

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

4) 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.

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

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

7) Provide recommendations for accommodations for the individual and include the rationale for the recommended accommodations.

DIXIE STATE UNIVERSITY
DISABILITY RESOURCE CENTER
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 Did you have an 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 diagnosed with a disability or health condition? __________________________
Please describe briefly what you were diagnosed with: ____________________________________________________
___________________________________________________________________________________________________
________________________________________________________________________________________

Please describe how the disability or health condition you experience will affect you academically or as a student in general.
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

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

**Family History**

Is there a documented history of learning/emotional challenges in your family? If yes, explain.
___________________________________________________________________________________________________
___________________________________________________________________________________________________

(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
DIXIE STATE UNIVERSITY
DISABILITY RESOURCE CENTER

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