



APPLICATION FOR ACCOMMODATIONS

PERSONAL INFORMATION

If you need help completing this application, please ask for assistance

Name _____ Social Security Number _____

Date _____ (Male or Female)

Address: _____ Apt # _____

Phone _____

City _____ State _____ Zip _____ E-mail _____

Emergency
Contact _____ Phone _____

Alternative phone _____

Were you involved in Special Education, Resource or a similar school program?
Yes ___ No _____

If yes, please check the applicable grades: Elementary _____ Jr. High School _____
High School _____

List all schools, colleges, including Tooele Technical College you have attended:

Colleges/Universities/Training Programs Attended:

From ___ / ___ / ___ To ___ / ___ / ___ Major _____

From ___ / ___ / ___ To ___ / ___ / ___ Major _____

From ___ / ___ / ___ To ___ / ___ / ___ Major _____

Have you completed an Admissions application? Yes _____ No _____

Have you met with a Student Advisor? Yes _____ No _____

What is your training program?

Upon Completion of your training program do you plan to attend another institution to further your education? Yes _____ No _____

If yes, which one? _____

Patricia Walker
VP of Student Services and Marketing
Tooele Technical College
88 South Tooele Blvd.
Tooele, UT 84074
435-248-1800
Email: pwalker@tooeletech.edu

CONTACT INFORMATION This information is needed to document your disability

Vocational Rehabilitation
Counselor _____ Phone _____

Department of Workforce Services
Counselor _____ Phone _____

Therapist/Psychologist _____ Phone _____

Veterans Counselor _____ Phone _____

Physician _____ Phone _____

Other Support service providers _____ Phone _____

DISABILITY INFORMATION Explain as fully as you can. Use additional paper if needed

Describe your **DISABILITIES** (Include diagnosis information)

How will your disability **LIMIT** or **AFFECT** your activities at the college?

How can we help you? What **ACCOMMODATIONS** will you need or requesting?

Please list accommodations that you have received at other schools _____

Comments or concerns about your training

Student Signature _____ Date _____



DOCUMENTATION GUIDELINES

In keeping with HIPPA guidelines, the ADA coordinator is not to directly **solicit** any information. It is the student's responsibility to provide documentation.

The College provides accommodations for students with disabilities under provisions of the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. **It is the student's sole responsibility to provide documentation for the purpose of determining eligibility for services.** The following clarifications are given to assist the student and their diagnostician in determining what information is needed.

Qualifying Professional

The diagnostician must be an impartial individual who is not a family member of the student. He/She must be a medical doctor, licensed clinician, social worker, or a licensed psychologist. He/She must be qualified to diagnosis under the DSM/ICD guidelines and have training and relevant expertise in the specific area of disability in which he/she is providing diagnosis.

Documentation

Diagnoses are primarily derived from the Diagnostic and Statistical Manual (DSM) version IV, Revised or the International Classification of Diseases (ICD) version 10. Eligibility under ADA requires that a person has diagnosed impairment which significantly limits one or more major life activities. Current case defines major life activities as walking, sitting, standing, seeing, hearing, speaking, breathing, reading, writing, working, performing mathematical calculations, and caring for oneself. Both the impairment and the limitation of a major life activity must be established to be eligible under ADA.

Written Report

The report submitted by the qualifying professional should be typed and must be on professional letterhead with a date and signature. Documentation must include the name, title, and credentials of the qualified professional writing the report. We welcome recommendations for accommodations, supported by documentation. These recommendations will be evaluated in relation to the course requirements.

The report should also contain the following:

- 1) *The individual's history of the disabling condition.*
- 2) *The diagnosis, referring to the DSM or ICD where appropriate;*
- 3) *The prognosis and treatment plan/recommendation, including medications being prescribed which may affect a major life activity;*
- 4) *A description of the limitations and supporting documents, including tests.*

Documentation should be Current

As a general rule, disability documentation should be less than three years old. If the diagnosis indicates a medical condition, which is permanent or unchanging, it is not necessary to update documentation every three years. If the prognosis indicates rapid change in the condition or limitations, documentation may need to be updated more often. Check with the ADA coordinator if you have any questions about when documentation needs to be renewed.

ADA INFORMATION RELEASE FORM

I, _____ authorize the ADA Coordinator to receive, discuss, seek clarification and share information via telephone, e-mail, or in person regarding registration, grades, disability, limitations, accommodations and service information with the following individuals:

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Authorizations to the individuals listed above are valid during my enrollment at the college but may be terminated by me, at any time, through a written request to the ADA Coordinator.**

I acknowledge that information regarding my disability and functional limitations may be shared with specific individuals within the college on a need-to know basis.

Student Signature _____ Date _____

ADA Coordinator Signature _____ Date _____

TERMINATION DATE _____ Student Initials _____

ADA Coordinator Initials _____

TTECH STUDENT RESPONSIBILITIES

INSTRUCTIONS: *Please read each of the following statements and indicate your agreement by initialing each item. If you have questions about these responsibilities, discuss them with the ADA manager or your counselor.*

I. **(Print your name)** _____ understand that I must:

_____ Provide the ADA Coordinator with appropriate documentation, as required by ADA, i.e., disability, i.e., medical records, psychological evaluation, high school special records to verify my initial eligibility and may be required to provide periodic updates of such documentation.

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

_____ Meet with the ADA Coordinator to inform of academic progress and needed accommodations.

_____ Take responsibility for my education at Tooele Technical College and obtain assistance from other student services such as academic and career advising, and make contact to services providers when appropriate.

_____ Contact the ADA Coordinator when changes occur, services are interrupted for any reason, or a problem occurs with a service provider.

_____ Adhere to the student code of conduct, college policies and attendance and progress requirement to include:

_____ 1) Cooperate by attending scheduled appointments with the ADA Coordinator, and attending training on adaptive equipment.

_____ 2) If a student has not shown up within 15 minutes of the start of class, the ADA service provider will leave the class and report the absence to the ADA Coordinator.

_____ 3) If there is a pattern of missing classes on a regular basis; services will be terminated until you meet with the ADA Coordinator.

_____ 4) Maintain borrowed equipment in good condition and return in a timely manner. If borrowed equipment is not returned when agreed upon, a hold can be placed on the student's transcript.

ACKNOWLEDGMENT: *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 these responsibilities with my ADA Coordinator.*

Student Signature _____ Date _____