

JULY 2017

Garrett College
Academic Disability Services
 Ms. Tracie Ellis, Director of Student Development
 Ms. Kym Newmann, Office of Student Development
 Dr. Sarah Garrett, VP for Instruction and Student
 Services
 687 Mosser Road, McHenry,
 Maryland 21541
 Email: ADA504@garrettcollege.edu
 (T): 301-387-3749
 (F): 301-387-3747

Registering with the Academic Disability Services

STUDENT CHECKLIST

| | |
|--|--|
| Submit items 1-4 to the Office of Student Services, Room 643. | |
| 1. Gather copies of your disability documentation (psycho-educational reports, relevant medical reports). Information may be faxed to Kym Newmann at 301-387-3747. **IEPs are useful documents to share, but they are usually not enough—please supply IEP along with the evaluation that was completed at your school** | |
| 2. Tell us about your learning needs by completing the “ Student Intake Form. ” | |
| 3. Complete the “ Release of Information Form ” if you give Academic Disability Services the permission to discuss your grades/academic performance with your parents/guardian or with an agency such as the Department of Rehabilitative Services. | |
| 4. Complete and sign the “ Student Responsibility Sheet. ” | |
| 5. Contact Academic Disability Services to confirm that all paperwork has been received. | |
| 6. Schedule appointment with Kym Newmann to meet with the Academic Disability Services team to discuss your needs. | |
| 7. Provide your instructors with copies of your accommodation plan. | |

Please keep this page for your records.

Disability Services
Student Responsibility Sheet

Under the Americans with Disabilities Act of 1990, as Amended, all otherwise qualified individuals have the right to accommodations that allow reasonable access to educational opportunities. In order to receive those accommodations, you have the following responsibilities:

- To inform the college of your needs. **You** must make the request every semester.
- To complete (with or without assistance) necessary registration forms to request accommodations and support services as needed.
- To provide the college with documentation of your disability in order to receive accommodations.
- To notify your instructors as to the accommodations you have been approved to receive and to adhere to the notification and other requirements outlined in your accommodation letter.
- To give instructors and the Advising and Academic Success Center at least 72 hours notice to receive testing accommodations (reader, extended time, etc.).
- To keep arranged appointments with tutors/Disability Services personnel, note takers, interpreters, etc.
- To adhere to all college and academic disability services policies and procedures regarding accommodations and service requests.
- To provide attendant care for personal needs while on campus. To strive to be as independent as possible.
- To treat the program staff with courtesy and respect.
- To take personal responsibility for your education by actively participating in class activities.
- To inform the program staff when you will no longer need a requested accommodation.
- To contact the program staff if instructors are not providing agreed upon accommodations.
- To report any grievance to program staff if you feel that your needs are not being met.

Please keep this page for your records.

Academic Disability Services Student Intake Form

Demographic Data

| | | | |
|--------------------------|--------------------------|--------------|-----------------|
| Name: _____ | | | |
| <i>Last</i> | <i>First</i> | <i>MI</i> | |
| Local Address: _____ | | | |
| <i>Street/P.O. Box</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Permanent Address: _____ | | | |
| <i>Street/P.O. Box</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Local Phone #: _____ | Permanent Phone #: _____ | | |
| Cell Phone #: _____ | E-Mail: _____ | | |
| Student ID #: _____ | Birth Date: _____ | | |

Student Status and Background Information

I am returning to Garrett College

This is my first semester at Garrett College

Program of Study/Major: _____

Advisor: _____

I graduated from high school with Diploma (school/year):

I graduated with a GED (year): _____

I live independently

I live with parent or guardian (name(s)): _____

(to give permission for Academic Disability Services to discuss your grades/academic performance with your parent/guardian—sign the enclosed release)

Disability Information

1. For what diagnosed disability are you seeking disability accommodations?
(check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Attention Deficit Disorder (Add)/ Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Blind/Visual Impairment |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Health Impairment |
| <input type="checkbox"/> Learning Disability (LD) | <input type="checkbox"/> Mental Health/Psychological/Psychiatric Impairment |
| <input type="checkbox"/> Mobility/Physical Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other Impairment (please specify) _____ |

2. When was this disability first identified or diagnosed?

3. Have you received disability accommodations for this disability in the past?

- Yes No

If yes, where did you receive these accommodations? (check all that apply)

- elementary school middle school
 high school community college
 another university/4-year college

4. Are you a client of a rehabilitation agency?

- Blind Services Vocational Rehabilitation (ex. DORS)
 Veterans Administration Vocational Rehabilitation (e.g. Chapter 31)
 Other (please specify) _____
 None

5. Please list any medication(s) you currently are taking that **may affect your performance as a student** and the side effects of those medication(s):

6. Please circle the two-letter code for the accommodations that you are requesting:

Classroom Accommodations:

- FU Adaptive furniture or equipment
- PP Access to visual aids/Power Points, when available
- WR Additional time on in-class writing assignments
- AL Assistive listening device
- TP Audio taping lectures
- CV Captioned videos
- EX Brief exit classroom when symptoms occur
- IN Interpreting/transcribing services
- NT Note-taker (volunteer)
- AB Consider flexible attendance policy without penalty for disability related absences
- SE Preferential Seating
- LT Use of personal laptop computer for notes or in-class writing assignments

Testing Accommodations:

- AT Assistive technology, such as reading and writing software
- CA Calculator
- CE Computer access for essay exams
- ET Extended time on exams
- DR Distraction reduced testing environment
- LP Large print exams
- SC No scantrons
- RE Reader
- SB Scribe
- SC Spell check

Other Accommodations:

- CM Classroom moved to accessible location
- EL Electronic version or enlarged textbooks and course materials
- CL Reduced course load (while maintaining full-time status)
- OT Other

I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS

YES NO

IF YOU NEED ASSISTANCE, THIS INFORMATION WILL BE SHARED WITH CAMPUS SECURITY.

I UNDERSTAND THAT ARRANGING SERVICES WILL NECESSITATE SHARING WITH MY INSTRUCTORS INFORMATION REGARDING MY DISABILITY AS IT RELATES TO MY ACADEMIC WELFARE. I GIVE MY PERMISSION FOR ACADEMIC DISABILITY SERVICES PERSONNEL TO CONTACT MY INSTRUCTORS REGARDING MY ACADEMIC PROGRESS, AS NEEDED. I FURTHER GIVE MY PERMISSION FOR STAFF TO CONTACT MEDICAL, EDUCATIONAL, OR COUNSELING PROFESSIONALS NAMED IN MY DOCUMENTATION IN ORDER TO OBTAIN ADDITIONAL INFORMATION CONCERNING MY REQUESTED ACCOMMODATIONS, AS NEEDED.

Signature

Date

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Academic Disability Services**

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- To take personal responsibility for your education by actively participating in class activities.
- To inform the program staff when you will no longer need a requested accommodation.
- To contact the program staff if instructors are not providing the agreed upon accommodations.
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BY CHECKING EACH STATEMENT AND SIGNING BELOW, YOU ARE AGREEING TO CARRY OUT YOUR RESPONSIBILITIES

Signature

Date

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RELEASE OF INFORMATION FORM
(OPTIONAL)

Date: _____

I, _____, give the Academic Disability
(Student Name)

Services staff permission to release any academic information regarding the accommodations

I receive and my performance at Garrett College to the

following agency or persons indicated below:

NAME (ex. Parent/Guardian or Agency)

NAME (ex. Parent/Guardian or Agency)

RELATIONSHIP

RELATIONSHIP

PHONE NUMBER

PHONE NUMBER

This authorization is valid through:

- Current Semester
- Current Academic Year
- Graduation

Student Signature*

Date

Student's ID Number

***Note: An original signature is required**