

AdventHealth University OFFICE FOR STUDENTS WITH DISABILITIES

Disabilities Packet

PLEASE ALLOW 7-10 SCHOOL DAYS FOR PROCESSING YOUR DOCUMENTATION AND NOTIFYING YOUR INSTRUCTORS.

To be eligible for disability-related services, students must have a documented disability as defined by the Federal Rehabilitation Act of 1973, Section 504, and/or the Americans with Disabilities Act of 1990 (ADA). A person with a disability is an individual with a physical or mental impairment that substantially limits one or more major life activities.

Accommodations are available to students whose disabilities include, but are not limited to, attention deficit hyperactivity disorder, deaf or hard-of-hearing, physical disability health-related impairment, psychological and/or psychiatric disability, specific learning disability (such as dyslexia), speech impairment, visual impairment, or other disabilities which require academic accommodations.

School plans such as an Individualized Education Program (IEP) or 504 Plans are **not** sufficient documentation to establish the rationale for accommodations in a college setting. Original documents are not necessary—a copy or fax of the material is sufficient. If documentation is incomplete, or otherwise inadequate to determine the disability and/or reasonable accommodations, the Office for Students with Disabilities will require additional documentation. Documentation costs are to be **paid** by the student.

Steps to Receiving Accommodations:

1. Contact appropriate professional to get documentation of disability (please see
appropriate DOCUMENTATION QUALIFICATIONS FORM).

2. Complete ON CAMPUS RELEASE OF INFORMATION Form

3. Complete VOLUNTARY DECLARATION OF DISABILITY Form

4. Complete TRIMESTER ACCOMMODATION REQUEST Form

If correct documentation has been submitted and student qualifies for accommodation, The Office will notify each instructor. The instructor will receive an *Academic Accommodation* letter explaining the accommodations necessary for that student.

For each semester, it is the student's responsibility to notify the Office of Disability Services of his or her updated class schedule. A *semester accommodations* form needs to be submitted **each** trimester.

All documentation is **confidential.** At any time, the student may request in writing to discontinue any informationsharing related to his or her disability.

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ADVENTHEALTH UNIVERSITY OFFICE FOR STUDENTS WITH DISABILITIES

ON CAMPUS RELEASE OF INFORMATION

By checking the box below, I authorize the Office for Student Disabilities (OSD) to provide information to and receive information from the following source(s) related to my disability. I may revoke any part of this permission form at any time by providing a written notice to the OSD.

- □ Academic Dean
- □ Assigned Advisor
- □ Center for Educational Technology (Canvas)
- □ Financial Aid
- $\hfill\square$ Instructors and their Supervisors
- □ Library / Writing Center
- □ Registrar
- □ Student Services
- Other _____

I request that the OSD inform the above checked individuals about my accommodation needs. It is my responsibility to provide the OSD with a completed Request for Accommodations form each trimester.

Student's Name (SIGNATURE)

____/___/____ Date

Student's Name (PRINTED)

Student ID #

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Telephone □ Home □ Cell



ADVENTHEALTH UNIVERSITY OFFICE FOR STUDENTS WITH DISABILITIES

VOLUNTARY DECLARATION OF DISABILITY

AdventHealth University is committed to offering an equitable education to all of its students. In order to assist students requesting accommodations, it is necessary to disclose any disabilities you want to have accommodated. This is not mandatory for college attendance. Please be aware that the instructors need NOT accommodate disabilities that have not been declared.

All information supplied to the Office for Students with Disabilities is kept confidential as required by law. Valid documentation of a disability must accompany any initial request for an accommodation. Requests for accommodations cannot be processed prior to the return of this form to the Office.

Please check all that apply:

 Learning Disability Psychological Disability Neurological Disability Physical Disability Visual Impairment 	
 Hearing Impairment Chronic Medical Illness (specify): Other (specify): 	
Type of Documentation Supplied:PsychologistMental Health CounselorNeurologistMedical DoctorAudiologistOptometrist / OphthalmologistOther Specialist (specify):	
Student's Name (SIGNATURE)	// Date
Student's Name (PRINTED)	Student ID #
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Telephone # □ Home □ Cell