Disability Services
Forms
Disability Services provides accommodations for persons with disabilities to ensure equal access and opportunity to education/employment. Current (within 3 years) and comprehensive disability documentation is required to assist with the provision of appropriate academic adjustments and other accommodations. **Disability Services requires this completed form by the appropriate certified professional with all relevant diagnosis procedures and documentation attached.**

Name of student: ___________________________ Date: ___________________________

Provide the requested information below and/or identify specific attached documentation. Refer to “Seven Essential Elements of Quality Disability Documentation” for clarification of disability verification requirements.

A. Name and credentials of evaluator: ___________________________

Address of evaluator: ___________________________ Phone: ___________________________

B. A diagnostic statement identifying the disability:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

C. Description of the diagnostic methodology used:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

D. Description of the current functional limitations:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
E. Description of the expected progression or stability of the disability:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

F. Description of current and past accommodations, services and/or medications:

__________________________________________________________________________________________

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G. Recommendations for reasonable accommodations in an academic setting, including rationale based on a comprehensive evaluation of the current presenting problems for this student:

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________

Signature of Evaluator ___________________________________ Date: __________________________

Adapted from: Cedarville University, 2005

Wilmington College: 2008, last revision 2011
Seven Essential Elements of Quality Disability Documentation

The dimensions of good documentation discussed below are suggested as a best practices approach for defining complete documentation that both establishes the individual as a person with a disability and provides a rationale for reasonable accommodations. By identifying the essential dimensions of documentation, institutions allow for flexibility in accepting documentation from the full range of theoretical and clinical perspectives. This approach will enhance consistency and provide stakeholders (students, prospective students, parents and professionals) with the information they need to assist students in establishing eligibility for services and receiving appropriate accommodations.

A. The credentials of the evaluator(s)
The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

B. Diagnostic statement identifying the disability
Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

C. Description of the diagnostic methodology used
Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended. Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

D. Description of the current functional limitations
Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual’s self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

While relatively recent documentation is recommended in most circumstances, common sense and discretion in accepting older documentation of conditions that are permanent or non-varying is recommended. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to
remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual’s condition.

E. Description of the expected progression or stability of the disability
It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual’s own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

F. Description of current and past accommodations, services and/or medications
The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

G. Recommendations for reasonable accommodations in an academic setting, including rationale based on a comprehensive evaluation of the current presenting problems for this student
Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

Adapted from: Association on Higher Education and Disability
Application for Services

Name: __________________________________________  Date: _______________________

Address:_______________________________________________________________________

Phone (H and C): __________________________________________________________________  Email: ____________________________

Year Planning to Enter: __________  Semester: □ Fall  □ Spring  □ Summer  Major: ____________

Class: □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Graduate  □ Other: ____________

WC Student ID: ____________  Pyle Box: ____________  Advisor: _______________________

Are you a consumer of the Bureau of Vocational Rehabilitation or Bureau of Services for the Visually
Impaired?  □ Yes  □ No

If yes, what is your counselor’s name? ___________________________  Phone: __________________

Office address:_________________________________________________________________

Where did you attend high school? __________________________________________________

Did you transfer from another college? ______________________________________________

Did you receive intervention services in high school?  □ Yes  □ No  College? □ Yes  □ No

If yes, please explain:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

For what disability(ies) are you requesting accommodations?

______________________________________________________________________________

______________________________________________________________________________

What accommodations are you requesting?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature of Student  Date: _______________________

Signature of Parent/Guardian (if student is under 18)  Date: _______________________

To determine eligibility for services and/or accommodations, completion of the Disability Verification Form
with current and comprehensive documentation from an appropriate certified professional is required.

Adapted from: Cedarville University, 2005

Wilmington College: 2008, last revision 2011
Release of Information

Name: __________________________ ID: ___________ Pyle Box: ___________
Phone: __________________________ Email: ______________
Advisor: __________________________ Semester/Year: ______________

I, ____________________________, authorize Disability Services to release information about my
learning and education to the individuals indicated below. These individuals also have my permission to share
information with Disability Services deemed necessary and appropriate as related to my learning and education.

Professors:
Year: _____ □ All professors or □ The following professors: __________________________

Year: _____ □ All professors or □ The following professors: __________________________

Year: _____ □ All professors or □ The following professors: __________________________

Year: _____ □ All professors or □ The following professors: __________________________

Student Resource Center (SRC) Staff and Early Alert Retention Program (EARP) Staff and Administrators:
Year: _____ □ All SRC/EARP staff/admin or □ The following SRC/EARP staff/admin____________________

Year: _____ □ All SRC/EARP staff/admin or □ The following SRC/EARP staff/admin____________________

Year: _____ □ All SRC/EARP staff/admin or □ The following SRC/EARP staff/admin____________________

Year: _____ □ All SRC/EARP staff/admin or □ The following SRC/EARP staff/admin____________________

Other (for example: advisor, peer tutor, mentor, doctor, counselor, parents):
Year: _____ □ Specifically: __________________________

Year: _____ □ Specifically: __________________________

Year: _____ □ Specifically: __________________________

Year: _____ □ Specifically: __________________________

Student Signature: __________________________ Date: ______________

SRC-Academic Services: __________________________ Date: ______________
After registering for your next semester’s classes, submit the Class Schedule/Academic Adjustments Request form or send an email with the same information to Disability Services and discuss academic adjustment requests with the Academic Services Director. Faculty notification letters will then be printed for your pick up the Office of Academic Services or sent to your campus mailbox. Meet with your instructors during office hours to deliver the faculty notification letter and discuss arrangements for academic adjustments.

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<th>Instructor</th>
<th>Days/Time</th>
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Student Signature: ________________________ Date: ______________

Academic Services Director: ________________________ Date: ______________
Students are encouraged to contact Academic Services Director and the Director of the Library with book requests far in advance of need. After registering for next semester’s classes,

1) Contact course instructors to find out what texts will be used and to obtain the syllabus

2) Purchase texts when available and bring texts and completed request form to the Director of the Library

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| CD/Email; format (attach syllabus) |                                     |                                        |

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Extended Time for Test Taking Request

At least three working days before the exam, the student must

1) Ask the course instructor to deliver the exam to the Student Resource Center RCC, and

2) Submit the Extended Time for Test Taking Request to the Tutor/SI Coordinator

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The course instructor will pick up the exam from the Student Resource Center RCC after the exam is over.

Student Signature: ___________________________________________ Date: ________________
All requests should be made to Disability Services seven working days prior to request date. Disability Services will attempt to fill all last minute requests but cannot guarantee interpreting services will be available. Academic-related requests will be given highest priority.

Date request is being submitted:______________________________________________________

Name of person making request:____________________________________________________

Phone:________________________________     Email: ________________________________

Date(s) service is needed:___________________________________________________________

Which service are you requesting?    ☐ Interpreting        ☐ C-Print Captioning

Start time:_____________________________     End time:_______________________________

Location (Building and Room #):____________________________________________________

Reason for service:                      ☐ Class                           ☐ Exam
                                      ☐ Meeting                         ☐ Activity
                                      ☐ Tutor                           ☐ Other: ___________________________

Please submit this form to the SRC-Tutor/SI Coordinator, Robinson Communications Center.

ALL CANCELATIONS SHOULD BE MADE 24 HOURS PRIOR TO TIME AND DATE NEEDED.
Electronic Recording Agreement
Office of Academic Services

Electronic-Recorded Class Policy Agreement

Students with disabilities who have difficulty taking or reading their own notes have the right to electronically record class lectures and discussions.* Students must adhere to the following requirements:

- Lectures/discussions recorded for this purpose may not be shared with other people without the consent of the lecturer/discussion participants.

- Electronically-recorded lectures/discussions may not be used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the activity.

- Information contained in the electronically-recorded lecture/discussion is protected under federal copyright laws and may not be published or quoted without the expressed consent of the lecturer/discussion participants without giving proper identity and credit to the lecturer/participants.

Pledge: I have read and understand the above policy on the electronically-recorded lectures/discussions at Wilmington College, and I pledge to abide by the above policy with regard to any lectures/discussions I record while enrolled as a student at Wilmington College.

_____________________________________
Signature

_____________________________________
Date

_____________________________________
Witness

*84.44 of Section 504 of the Rehabilitation Act of 1973 (P.L. 93.112, amended P.L. 93.516)