

Date: _____

Student Accessibility Services Registration Form

Personal Information

Full Student Name: _____ Date of Birth: _____
(Last) (First) (M.I.)

Address: _____ Apartment/Unit # _____

City: _____ State: _____ Zip: _____

Preferred number: _____ WNE Email Address: _____

Marital Status: _____ Citizenship Status: _____ Gender: _____ WNE Student ID#: _____

Are you a U.S. Citizen YES NO

Are you a Veteran or have you served in the US Armed Services? YES NO If yes, what branch? _____

Academic Information

Are you a (check one) Incoming Freshman Currently Enrolled Graduate Student Transfer Student Law Student

Enrollment Status (check one) Full-time Part-time Other: Please Describe _____

Expected Date of Graduation: _____ First Term at WNEU: _____

Are you a Commuter Student or Resident Student

If a resident student, name the Residence Hall: _____ Floor #: _____ Room #: _____

Previous Schools (list only High School or Universities you have attended)

List previous institutions, dates, and approved accommodations

Previous School(s) Attended	Dates Attended (From – To)	Approved Disability Accommodations

Diagnosis Information

Specify your disability type (Check all that apply):

Physical Specify: _____

Psychological Condition Specify: _____

Chronic Medical Condition Specify: _____

Deaf or hard of hearing Blind or Low Vision Attention Deficit/Hyperactive Disorder (AD/HD) Traumatic Brain Injury

Learning Disability Autism Spectrum Disorder Brain Injury Mobility Impairment Neurological Disorder Addictive Disorder

Other: _____

SAS Questions

Student Accommodations Questions

To request disability related services, the student must complete the questions below and provide /present documentation to the Student Accessibility Services office. The SAS Office is assigned the responsibility for collecting and holding this documentation. All records will be kept in a secure file with limited access.

1. In as much detail as possible, describe how the diagnosed condition impacts you as a student and/or in an educational or residential setting.

2. What types of accommodations have been helpful to you in the past?

3. Do you utilize assistive technology (i.e. screen reader, text to speech, dictation software, assistive listening device, screen magnification)?

4. Do you require housing or dining accommodations? YES* NO

* If yes, additional documentation may be required.

5. Did you have an IEP, 504 Plan, or other school-based support during high school? YES* NO

*If yes, please submit a copy of the most recent IEP or 504 Plan along with any evaluative records (i.e., psycho-educational or triennial evaluation) with this form.

6. Did you have an accommodation plan at a previous college or university? YES* NO

*If yes, please submit a copy of the most recent college or university accommodation plan along with any evaluative records (i.e., psycho-educational or triennial evaluation) with this form.

7.) Disability Information: Please indicate which tasks you feel are areas of concern. There are no right or wrong answers.

Your answers help us determine which supports are most appropriate for you, check all that apply:

Disability Impact Indicator

Disability Impact Indicator. Select All that Apply			
<input type="checkbox"/>	Paying attention in class	<input type="checkbox"/>	Getting/staying motivated
<input type="checkbox"/>	Taking notes	<input type="checkbox"/>	Putting thought into writing
<input type="checkbox"/>	Time Management	<input type="checkbox"/>	Memorizing
<input type="checkbox"/>	Understanding what you have read	<input type="checkbox"/>	Solving math problems
<input type="checkbox"/>	Following directions	<input type="checkbox"/>	Spelling
<input type="checkbox"/>	Finishing test on time	<input type="checkbox"/>	Reading at a good pace
<input type="checkbox"/>	Proofreading	<input type="checkbox"/>	Completing assignments
<input type="checkbox"/>	Asking for help	<input type="checkbox"/>	Asking for help

Diagnosis Documentation

Please provide the following information about the documentation you plan to provide to our office:

Name of Clinician/Medical Provider supplying the documentation: _____

Date of Documentation (month/year): _____

Type of Documentation:

- Psycho-Education, Neuropsychological Evaluation
- Letter from Medical Provider
- Letter from previous school confirming approved disability accommodations
- Other: _____

***Supporting documentation and/or completion of the SAS Documentation Form may be required.**

Accommodation Information and Signatures

Please specify the type accommodation(s) you are requesting; SAS will consider your request along with information listed on the supporting documentation in addition to the information learned during the required Welcome Meeting. Reasonable accommodations are adjustments to a course, program, service, internship, or activity that do not fundamentally alter the course or program. Appropriate accommodations are determined through the individual welcome/ intake appointment, by reviewing documentation, discussion with the student, and evaluating the essential requirements of a course or program. After the Welcome Meeting appointment, and upon accommodation approval, a student will have approved accommodations available for use at their discretion. Reasonable accommodations are adjustments to policy, practice, and programs that support equal access to WNEUs’ programs and activities. The adjustments must be made without altering fundamental goals of a course or lowering the standards in a class. Reasonable accommodations may not be available in cases where undue hardship is a factor. Undue hardship is defined as any excessively costly, extensive, substantial or disruptive modification, or one that would fundamentally alter the nature or operation of the institution or any of its programs or services, or threaten the health or safety of the WNEU community.

Testing Accommodations:

- Extended time for assessments (exams, test, etc.)
- Distraction reduced testing environment
- Use of calculator
- Use of computer for exams (e.g. word processor)
- Specify accommodations (if different from above): _____
- Use of Assistive Technology:
- Read, Write, Gold
- Dragon Naturally Speaking
- Other (please specify): _____

Classroom Accommodations:

- Peer-note-taker
- Permission to audio/ video record lectures
- Preferential seating
- Other classroom accommodations, specify: _____

Communication/Technology Accommodations:

- Use of Assistive Technology:
- Read & Write Gold
- Dragon Naturally Speaking
- Use of enlarged print
- Use of spell or grammar check
- Permission to use laptop for note-taking in class
- Textbook (s) in alternate format
- Other (please specify): _____

Other Accommodations Not Listed Above:

- Other (please specify): _____
- Other (please specify): _____
- Other (please specify): _____
- Other (please specify): _____

Confidentiality and Information Release

The Office of Student Accessibility Services (SAS) is responsible for receiving and maintaining disability-related documentation and information for students with disabilities at WNEU. All documentation in the student's SAS file are treated confidentially and will not be released to anyone not involved in the accommodation and service-delivery process with the following exceptions: (a) the student gives SAS a signed release to share disability-related information with the person(s) or office(s) named on the release; (b) SAS will release disability-related information as required and/or permitted by the law and/or a court order; (c) the student threatens to harm himself or herself or others; (d) the student files a disability-related complaint, appeal, grievance, or lawsuit against any College office or employee(s); (e) there is a need-to-know or right-to-know by college faculty/staff in order to best serve the student. SAS staff will not release disability-related information to a student's parents/guardian/caregiver without a confidentiality release signed by the student. This must be a confidentiality release completed and signed at the SAS office. A confidentiality release signed through another office or department at WNEU does not grant parental access to disability-related information kept by SAS. When a student with a disability requests accommodation, the student understands that some disability-related information may be provided on a need-to-know basis to WNEU faculty and staff to help ensure that the student receives appropriate accommodations. Otherwise, College faculty and staff need to know only (1) that the student has been through the disability documentation review process; and (2) the accommodations have been approved by SAS to meet the student's disability-related needs.

I _____, authorize the WNEU Office of SAS staff to have access to any and all academic and housing records as required to assist me in planning schedules, evaluating academic progress, and reviewing on campus housing accommodations.

I _____, give WNEU Office of SAS staff permissions to share relevant information on a need-to-know basis with WNEU administrators, faculty, health or counseling staff, and /or emergency personnel; to release relevant information to agencies that provide external support; and to request information about you from other campus offices.

I _____, give permission for the WNEU Office of SAS staff to contact relevant external and campus service providers (medical doctors, psychologists, audiologist, psychiatrists, off-campus program staff, etc.) who have provided information concerning my disability, in order to obtain information needed to determine appropriate and effective accommodations and services.

I _____, understand that I may amend this agreement at any time in writing and, unless I note otherwise, it will remain in effect until completion of my program at WNEU.

Please list any restrictions, if any, to this authorization below:

Student Acknowledgment

I understand that completing this form is only the initial step in the accommodation process. Once I am registered with SAS, I will need to meet with a SAS Team Member as needed and complete a Welcome/Intake Meeting and if deemed necessary, a Welcome Meeting is required in most cases, with the possible exception of temporary accommodations requests.

I also understand that I am my own advocate. It is my responsibility to request accommodations and to notify instructors of my need for accommodations. It is also my responsibility to report any concerns I may have regarding accommodations to the SAS Office. I understand that documentation of my disability must be provided to the SAS office before accommodations will be provided. I realize that I may need additional documentation upon transferring from or to another educational institution. It is my responsibility to consult with the transfer institution regarding their documentation requirements.

My signature below affirms that I have completed this application truthfully and that I have read and understand the confidentiality statement herein.

Signature of Student: _____ Date: _____

DO NOT WRITE BELOW THIS LINE.

Office of Student Accessibility Services (SAS) Use Only:

Academic Year: _____ Welcome Meeting Date: _____

Housing/Dining Form/ESA Required YES NO Completed Welcome Meeting Form added to student file YES NO

SAS Intake/Welcome Completed by: _____ Date Accommodations Emailed: _____

Important Notes:

SAS Staff Signature: _____ Date: _____