

DISABILITY SUPPORT SERVICES REGISTRATION

In compliance with federal law, Randolph-Macon College is committed to offering an equal educational opportunity to all qualified students with disabilities. Students with disabilities often need special accommodations to be successful. The College will provide reasonable accommodations to eligible students.

To be eligible to receive reasonable accommodations, a student with disabilities must register with the Office for Disability Support Services (DSS) in the Patrick John Higgins Academic Center. We encourage you to register if you anticipate the need for accommodations at any time during your attendance at Randolph-Macon College.

To **register** for disability services, you must:

1. Fill out the Disability Support Services Registration form (Disclosure)
2. Attach diagnostic data pertaining to your specific disability filled out by a qualified professional (Documentation). Note that IEPs are not used for documentation.
3. Submit all paperwork to the Office for Disability Support Services by **June 1st** (incoming students). Returning students may register at any time during their enrollment at the College.

For incoming students, paperwork received after June 1st may not allow the College enough time to determine if you are eligible for accommodations, and to provide for appropriate accommodations.

After a student is registered with the Office for Disability Support Services, **a personal consultation with the Director of DSS must take place at the beginning of every semester to request specific accommodations.** The Director will provide letters to be given to the appropriate professors by the student, outlining the approved accommodations. *The college does not offer course waivers for courses deemed by the College to be essential to its program, instruction or to particular degrees.* Appropriate non-retroactive substitutions are permitted by a committee of faculty (ACASS) working in collaboration with DSS and the student.

- I. To be eligible for non-academic accommodations, involving housing, meal plans, or physical facilities, you must register with the DSS and provide the appropriate diagnostic paperwork from a qualified professional outlining the nature and extent of the disability, how the disability affects you outside the classroom, and detailing the specific accommodations requested. For housing accommodations or meal plan adjustments, you must fill out and submit to the DSS a Special Needs Housing/M meal Plan Request form, available from the DSS.
- II. To be eligible for academic accommodations, you must register with the DSS and provide the appropriate diagnostic paperwork from a qualified professional outlining the nature and extent of the disability, how the disability affects you in the classroom, and detailing the specific accommodations requested. A consultation must follow.

The Director will review all documents and decide upon the appropriate and reasonable accommodations. In some cases, the Director will consult with the Disability Services and Medical Advisory Board (DSMAB) to determine appropriate and reasonable accommodations. The DSMAB is composed of professionals at the College representing the Counseling Center, Residence Life, Physical Plant, Registrar's Office, Provost's office and a consulting physician. In these cases, the Board will notify the student in writing as to the decision. Appeals to the decision will only be considered if there is new and pertinent information.

1. For **medical disabilities**, a physician must fill out a Medical Disability Verification form.
2. For **psychological disabilities** (including Attention Deficit Disorder) a qualified professional must fill out a Psychological Disability Verification form.
3. For **learning disabilities**, a qualified professional must provide documentation with a specific **diagnosis of a learning disability**.

Documents to diagnose a learning disability must be recent (within 3 years) and contain information relevant to your current levels of functioning using adult norms in **three domains**:

1. Aptitude
2. Academic achievement
3. Information processing

Recommended tests by domain for diagnosis of a learning disability (based on AHEAD guidelines):
(The College requires data from at least one test in **each** domain.)

* **Domain 1: Aptitude**

Scholastic Abilities Test for Adults (SATA)
Wechsler Adult Intelligence Scale--Revised (WAIS-R)
Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability
Kaufman Adolescent and Adult Intelligence Test
Stanford-Binet Intelligence Scale (4th ed.)
Or other commonly used instruments

* **Domain 2: Academic achievement**

Stanford Test of Academic Skills
Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement
Wechsler Individual Achievement Test (WIAT)
Or other specific achievement tests

* **Domain 3: Information processing**

Detroit Tests of Learning Aptitude-3 (DTLA-3)
Detroit Tests of Learning Aptitude-Adult (DTLA-A)
Woodcock-Johnson Psycho educational Battery-Revised: Tests of Cognitive Ability
And/or other relevant instruments

The College reserves the right to review all documents for relevance, reliability and thoroughness of data, and to require further testing if deemed necessary by the Director. The College does not provide diagnostic services. Randolph-Macon College does not discriminate on the basis of race, gender, disability, age, national origin, religion, or sexual orientation in its admissions, financial aid, athletic, employment or educational programs. The Provost coordinates the College's non-discriminatory efforts.

REGISTRATION FOR DISABILITY SUPPORT SERVICES

*****To be filled out by the student*****

Name: _____ Sex: _____ Age: _____

Student ID#: _____ Semester Enrolled: _____ Box#: _____

Home Address: _____ Home Phone: _____

Condition: Check all that apply and provide appropriate diagnostic paperwork

- Learning Disability
- Attention Deficit Disorder
- Hearing Impairment
- Visual Impairment
- Neurological Impairment
- Psychological/Emotional
- Mobility Impairment/Wheelchair user
- Medical Disability

Special Needs: Check all that apply

- Housing
 - wheelchair accessibility - Please specify size of the wheelchair:
 - handicap accessible restrooms in housing
 - air conditioning
 - accommodations for guide dog
 - other: _____

- Academics
 - extra time for tests
 - tests in a separate room
 - no spelling penalties on in-class work
 - student may take record lectures
 - word processing of tests
 - copies of notes as appropriate
 - DSS advising (in addition to regular advisor)
 - other: _____

- Physical Plant
 - ramps
 - curb cuts
 - elevators
 - handicapped parking
 - handicap accessible restrooms
 - other: _____

Disability-related information is part of the official records of a student and protected by the Buckley Amendment. Information will not be released or discussed without student's consent except to College officials and faculty having legitimate educational interests. Student, please sign, thereby giving your consent for the Director to share this information with any other appropriate professionals as needed.

Student's Signature: _____ Date: _____

RANDOLPH-MACON COLLEGE
OFFICE FOR DISABILITY SUPPORT SERVICES
PSYCHOLOGICAL DISABILITY VERIFICATION

STUDENTS-GIVE THIS FORM TO YOUR DIAGNOSTICIAN
*****THIS FORM IS NOT FOR LEARNING DISABILITIES*****

To ensure the provision of reasonable and appropriate services and/or accommodations for students with psychological or attention disorders at Randolph-Macon College, a **licensed professional** (e.g. psychiatrist, psychologist, physician) must provide current and comprehensive documentation of the student's disability.

Please complete the following form for _____ who has requested disability-related services and accommodations from the College.
(Please print or type).

1. DSM-IV Diagnosis:

2. Date of Diagnosis:

3. Date of your last contact with the student: _____

4. What instruments/procedures were used to diagnose the psychological or attention disorder?

5. Please describe the presenting symptoms of this diagnosis:

6. Is this student currently taking medication for this disorder? ____ Yes ____ No
If yes, what is the medication? _____

7. Please describe the impact of this disorder/disability on the student's academic performance so that we can determine the specific accommodations which may be necessary:

(Please see other side)

Please attach any additional information that you believe to be relevant to the student's disability-related academic needs.

Signature: _____

Print Name and Title: _____

License #: _____

Address: Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Date: _____

Return this form by June 1st to:

Randolph-Macon College
Office for Disability Support Services
Higgins Academic Center
P.O. Box 5005
Ashland, VA 23005

Phone: (804) 752-7343
Fax: (804) 752-3744

RANDOLPH-MACON COLLEGE
OFFICE FOR DISABILITY SUPPORT SERVICES

MEDICAL DISABILITY VERIFICATION
STUDENTS- GIVE THIS FORM TO YOUR MEDICAL DOCTOR

To ensure the provision of reasonable and appropriate services and/or accommodations for students with medical disabilities at Randolph-Macon College, a physician who is qualified to diagnose the disability must provide current and comprehensive documentation of the student's medical disability.

Please complete the following form for _____, who has requested disability-related services and accommodations from the College.
(Please print or type).

1. Medical diagnosis: _____
2. Date of diagnosis: _____
3. Date of your last contact with the student: _____
4. What procedures were used to diagnose the disorder? _____

5. Please describe the presenting symptoms of the condition: _____

6. Is the student currently taking medication for this condition? _____ Yes _____ No
If yes, what is the medication? _____
7. Please describe the impact of this condition on the student's non-academic life (e.g. housing, physical facilities,) and on academic performance so that the College can determine the specific accommodations which may be necessary: _____

(Please see other side)

Please attach any additional information that you believe to be relevant to the student's disability-related academic needs.

Signature: _____

Print Name and Title: _____

License #: _____

Address: Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Date: _____

Return this form by June 1st to:

Randolph-Macon College
Office for Disability Support Services
Higgins Academic Center
P.O. Box 5005
Ashland, VA 23005

Phone: (804) 752-7343

Fax: (804) 752-3744