Central Penn College Disability Support Services

Application Packet

Please complete each of the following documents and return to the ADA Coordinator along with diagnostic documentation of your disability and accommodation recommendations from an appropriately licensed professional:

1. Disability Registration Agreement
2. Confidentiality Statement
3. Request for Adjustments/Accommodations (including Student Self-Report)
Central Penn College
Disability Registration Agreement

A. I understand that I am registering for services from Central Penn College and that I may be eligible for services such as information, referral, reasonable adjustments/accommodations and/or other individualized services that may be needed for access to course, programs or facilities. If Central Penn College is unable to provide the necessary services, I will be referred to other appropriate community agencies.

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<th>Central Penn College Adjustment/Accommodations Disclaimer</th>
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<td>I am aware that:</td>
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<td>• The types of adjustments/accommodations provided to students with disabilities will vary depending on the nature of the disability and the course content.</td>
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<td>• It is not unusual for there to be an initial trial and error period of finding the best way to accommodate the student.</td>
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<td>• The College is committed to assisting students and faculty in finding reasonable alternative accommodations that are effective.</td>
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<td>• The overall goal is to promote student independence and success within the context of a competitive academic environment.</td>
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<td>• The student is asked to be a responsible and active participant in this process by advising the ADA Coordinator if he/she encounters any problems.</td>
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<td>• The granting of accommodations by the Accommodations Review Committee via the ADA Coordinator in no way guarantees that accommodations or equipment will be granted by outside entities (rotation sites, clinical sites, testing boards, employers, etc.) and it will be the student’s responsibility to acquire accommodation(s).</td>
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Student Initial: ___________________________
B. I understand that the College needs disability information to provide services and to conduct reporting and research functions. This data is classified by disability.

C. I understand that as a student, I am responsible for reviewing the rights and responsibilities pertaining to disability access.

D. I understand that I will not be eligible for services if I do not provide documentation of a diagnosed disability, do not have a diagnosed disability or do not follow Central Penn College policies and procedures.

E. I understand that if I request Central Penn College to facilitate adjustments/accommodations on my behalf, the College may need to consult with other College personnel. I give my permission to have disability related information shared with appropriate College personnel (i.e., Financial Aid Office, Academic Affairs, and/or appropriate faculty) to facilitate such requests.

F. I understand that I must meet with the Instructor of record prior to each term to ensure that adjustments/accommodations are provided.

G. I hereby authorize Central Penn College's Accommodation Review Committee (ARC) via the ADA Coordinator to contact my health care provider to obtain relevant information to assist the ARC in reaching a decision regarding my adjustment/accommodation request.

My disability may be disclosed as:

Student Signature: _________________________________ Date: __________________

ADA Coordinator: _________________________________ Date: __________________
Central Penn College
Confidentiality Statement

The ADA Coordinator is responsible for receiving and maintaining the disability-related documentation and information for students with disabilities at Central Penn College. The documentation and information may include test data; psychological, psychoeducational and/or neuropsychological evaluations; grades; transcripts; biographical history; case notes; and any other disability-related information necessary to document and provide adjustments/accommodations to students with disabilities.

Students with disabilities have a right to review their file. A student who wishes to review his or her file must schedule an appointment with the ADA Coordinator. Students may request and receive copies of case notes, Course Adjustment/Accommodations Forms, and other documentation from the ADA Coordinator. However, students will not be provided copies of disability related documentation from their files. Disability-related documentation is defined as any documentation given to the ADA Coordinator to substantiate the student’s disability status and need for adjustments/accommodations (e.g., psychological, psychoeducational, neuropsychological or medical evaluations; letters or other information from physicians; or medical records). The ADA Coordinator will retain a copy of all information within a student’s file.

Disability-related documentation (as defined above) is treated confidentially and will not be released to anyone not involved in the adjustment/accommodation and service-delivery process with the following exceptions: (a) the student gives the ADA Coordinator a signed release to share disability-related information with the person(s) or office(s) named on the release; (b) the ADA Coordinator 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, or is suspected of abuse of a child or incapacitated adult; (d) the student files a disability-related complaint, appeal, grievance, or lawsuit against a College office or employee(s).

Only the ADA Coordinator has direct access to student files. When a student with a disability requests adjustments/accommodations, he or she understands that some disability-related information may be provided on a need-to-know basis to College faculty and staff to help ensure that the student receives appropriate adjustments/accommodations.

The Academic Dean(s) in which the student is enrolled and the Instructors of classes for which the student is requesting adjustments/accommodations will receive disability-related information necessary to provide appropriate adjustments/accommodations. If a student files a disability-related appeal or grievance, the student understands that the ADA Coordinator will release disability-related information to appropriate College Offices (i.e., the Office of Academic Affairs, the Office of the President, the Student Services office, and/or appropriate College departments). Otherwise, College
faculty and staff need to know only (1) that the student has been through the disability documentation review process at Central Penn College; and (2) what adjustments/accommodations have been approved to meet the student’s disability-related needs.

“I have read the Confidentiality Statement. I understand and agree to the confidentiality of my disability documentation and information as discussed above. I understand I can speak further with the ADA Coordinator if I have any questions.”

Printed Name of Student ____________________________________________________________

Student Signature ________________________________________________________________

Today’s Date ____________________________________________________________________
Central Penn College
Request for Adjustments/Accommodations

Name: ____________________________________________

Student ID#: ________________________________

Home Address: ____________________________________________

Home Phone: ____________________________________________

School Address: ____________________________________________

Email: ____________________________________________

Are you a:

☐ Current Student
☐ Enrolled (has not started classes) Student

Please check the Central Penn College campus/site you are/will be attending:

☐ Central Penn College Summerdale (Main)
☐ Central Penn College Lancaster
☐ Central Penn College Online Only

Please indicate your program of study (if known):

________________________________________________________________________________

I am requesting adjustments/accommodations from Central Penn College because I have been diagnosed with: (check all that apply).

☐ Attention Deficit Disorder
☐ Physical Disability (specify type): _______________________
☐ Learning Disability
☐ Psychological Disability
☐ Other Disability (specify type): _______________________

Date First Diagnosed: ____________________________________________
Student Self-Report:

In the space below, list and explain each of the adjustments/accommodations you are requesting. Please be as specific as possible. For example, if one of your requests is extended time for in-class exams, specify the amount of additional time (e.g., “50% more time on in-class exams”).

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Signature of Student: _______________________________________________________

Date: ________________________________

Please retain a copy of this form for your records.