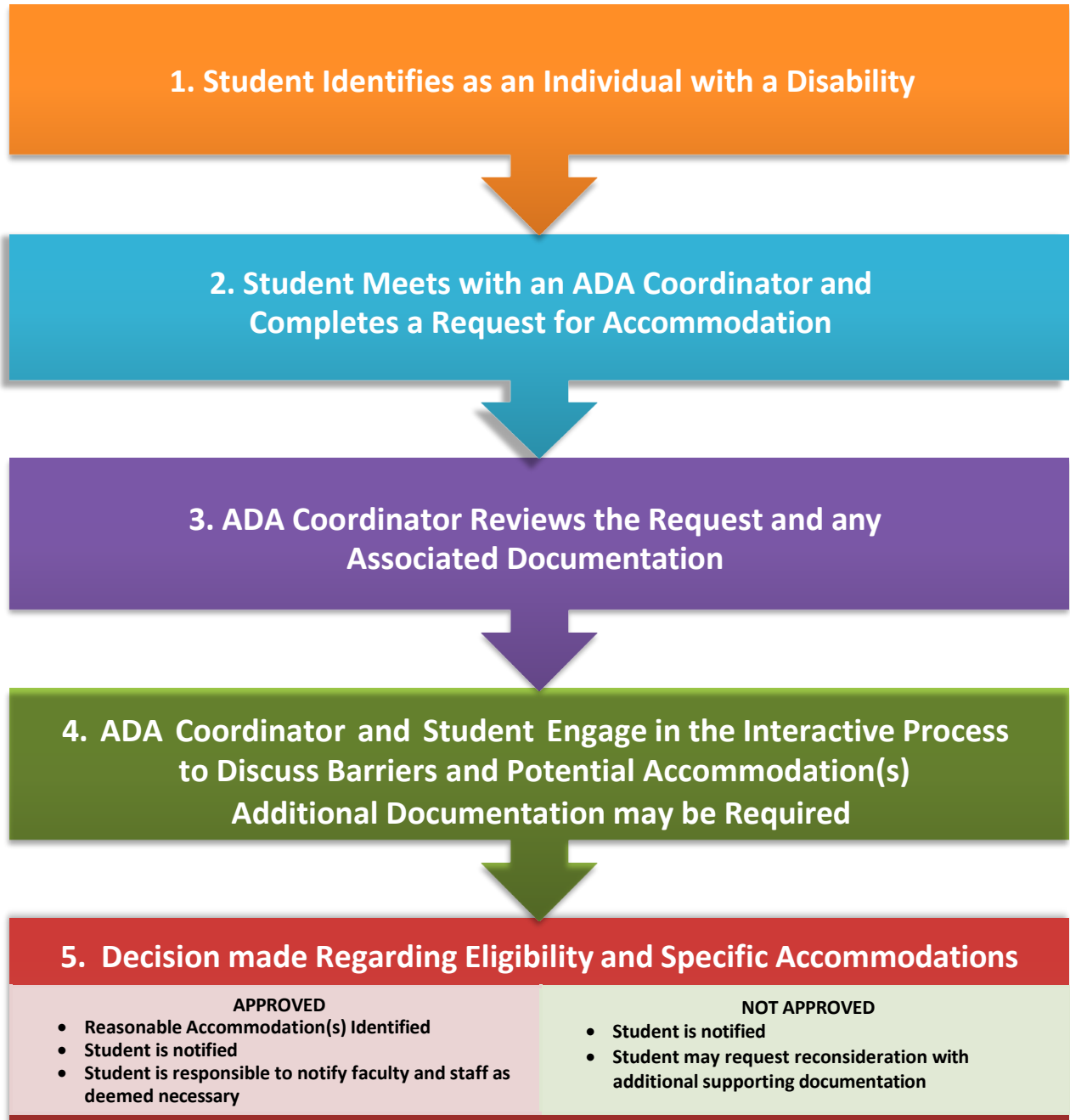




STUDENT SUCCESS CENTER
Accommodation Request Process



PLAN AHEAD

Students should submit requests as early as possible.

Accommodations are not retroactive.

For assistance, contact an ADA Coordinator.

Roosevelt 435-722-6952

Vernal 435-725-7103



STUDENT SUCCESS CENTER
Request for Accommodation

UBTech is committed to ensuring that no qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in the College's programs, services, or activities due to a disability. The College is fully committed to complying with all requirements of Title II of the Americans with Disabilities Act of 1990 as amended (ADA) and Section 504 of the Rehabilitation Act of 1973 and providing equal educational opportunities to otherwise qualified students with disabilities.

Name _____ **DOB** _____
Last First MI MM/DD/YY

Phone _____ Email _____

What UBTech program/course are you enrolled in? _____

What is the disability(s) you are seeking accommodation for? _____

How long have you had your disability? _____

What limitations or barriers in an academic setting are you concerned about? _____

What accommodations or tools, if any, did you use in previous institutions (high school, other educational programs, etc.) that were helpful?

What accommodations would be helpful to alleviate your disability-related limitations? _____

Please contact your licensed professional to obtain documentation of your disability.

Appropriate forms of documentation could include but are not limited to:

- UBTech Medical Verification of Disability form
- Full psychological evaluation
- Psychoeducational evaluation
- A copy of 504 plan from K-12
- A letter from your licensed professional that includes:
 - The credentials of the evaluator(s)
 - A diagnostic statement identifying the disability
 - A description of the diagnostic methodology used
 - A description of the current substantial limitations
 - A description of the expected progression or stability of the disability

Documentation will be safeguarded in a file separate from the academic student record.

Please read and initial for consent to each item:

_____ I understand that there are important deadlines, processes, and procedures that need to be met to obtain approved accommodations.

_____ I understand that it is my responsibility to share any approved accommodations with faculty and staff I deem necessary.

_____ I understand that accommodations are intended to help ensure access to educational programs and services and are not intended to alter the fundamental elements of the academic curriculum.

_____ I authorize the ADA Coordinator to contact the healthcare professional who provided my documentation if further information is needed.

_____ I verify that this information is accurate and may be used by personnel who have an academic need to know to provide assistance and services to me. I agree to furnish any documentation required, and I understand that any costs for obtaining documentation are my responsibility.

Authorization is valid during my enrollment at the college but may be revoked by me, at any time, through a written request to the ADA Coordinator. Revocation will not affect information received and/or given previously.

Student's Printed Name _____

Student's Signature _____ **Date** _____



Verification of Disability

Dear Medical Professional:

UBTech is committed to ensuring that no qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in the College's programs, services, or activities due to a disability. The purpose of this form is to assist with documenting relevant information regarding a student's disability. In order to help determine eligibility for accommodations, documents must be provided by a qualified medical professional.

This form is one option for documenting a student's disability. Other appropriate forms of documentation could include, but are not limited to:

- A letter on letterhead, which contains the following information:
 - A diagnostic statement identifying the disability(s) for which accommodations are being sought, including information on the functional impact, details of the typical progression, and prognosis of the condition
 - A description of the diagnostic methodology used (DSM-V or ICD code)
 - A description of the current severity of the condition
 - A list of any medications the student has been prescribed for the disability that may impact their academic abilities
 - Any relevant documentation
- Full psychological evaluations
- Psychoeducational evaluations

UBTech requires documentation to include:

1. A diagnosis of disability that limits a major life activity

Please take note of the following as you complete this form:

1. The person completing this form must be a licensed professional who is not related to the student and is qualified to give psychological/psychoeducational evaluations and/or a medical diagnosis.
2. Complete all parts of this form legibly and as thoroughly as possible. Inadequate information, illegible handwriting, or missing fields could delay the review process by necessitating follow-up contact for clarification.
3. Attach any additional documents relevant in determining the student's eligibility for accommodations.

UBTech will wait to act upon the student's request until this information is received. Return this form to the Student Success Center:

Roosevelt Campus
Camille Carner, ADA Coordinator
Phone: 435-722-6952
camille@ubtech.edu

Vernal Campus
Trinity Long, ADA Coordinator
Phone: 435-725-7103
trinityl@ubtech.edu

Medical Verification of Disability

Student's Full Name: _____

Date of Birth: _____ Date of Last Contact: _____

1. What is the specific disability? Provide the relevant DSM-V, ICD code, or Psychoeducational evaluation.

2. What are the substantial limitations related to the student's disability that are specific to them when compared to an average person in the general population, not taking into account any mitigating measures?

3. How do the above limitations affect the student's life activities, as you understand them, compared to a common person in the general population, not taking into account any mitigating measures?

4. What is the expected duration of the disability(s)?

Permanent Temporary Remitting/Relapsing

If temporary or remitting/relapsing, please explain the expected duration of impact on the student.

5. Provide any additional information pertinent to the student's request for academic accommodations (e.g., neuropsychological, psychiatric, vision, hearing, speech, physical therapy, occupational therapy, etc.).

CERTIFYING PROFESSIONAL

Name & Title: _____

Address: _____

Phone: _____ Fax: _____

Specialty of license: _____

Signature of Certifying Professional

Date