



Academic ADA Request for Services

Welcome to the ADA Services office at Tusculum. This informed consent is intended to give you general information about the services the office offers. Please read each section carefully before you initial. If you have any questions about the contents of this document, please ask.

The student applying for ADA services must complete the following and return those completed forms by email to ADA Services: adaservices@tusculum.edu

Eligibility

A person must meet one of the following criteria to receive ADA Services at Tusculum:

1. An admitted student who intends to enroll during the upcoming semester
2. A current student who is taking at least one class during the semester he or she requests services

ADA Services may request proof of eligibility such as asking a person to submit a copy of a Tusculum acceptance letter or a copy of the current semester's class schedule.

Student's Initials: _____

The **student** applying for ADA services must complete the following and return those completed forms by email to ADA Services: adaservices@tusculum.edu

Please provide the following information. For those questions that do not apply to your request, please answer N/A to indicate not applicable.

Last Name: _____ First Name: _____ MI: _____

Preferred Name/Nickname: _____

Tusculum Email: _____ Alternate Email: _____

Student ID: _____ Major: _____

Classification (Select One). ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate student

Campus (Select one): ___ Greeneville ___ Knoxville ___ Morristown ___ Online

Are you currently enrolled? Y___ N___ If no, anticipated start date: _____

Are you a Veteran? Y____ N____

Are you a dual enrolled student? Y____ N____

Are you assigned a Vocational Rehabilitation Counselor? If so, please provide the counselor's name and phone number:

Assistive/Adaptive Technology and/or Auxiliary Aids you will bring with you to Tusculum:

Students must provide documentation of disability to ensure the provision of reasonable and appropriate accommodations. Review the options below for information on acceptable documentation.

DOCUMENTATION OF DISABILITY INFORMATION

Students requesting ADA services have two options for providing documentation to support the application for services.

Option 1 – IEP/504 Plan: Provide all pages of your IEP/504 plan from your senior year in high school, including any supporting documentation (e.g., assessment information, transition plan). If you have submitted an IEP or 504 plan, please complete only the items below that have an * next to them.

Option 2 - Documentation Verification Form

Complete the first section of the form and give the form to your provider for completion. Form must be completed by a licensed professional (e.g. medical professional, psychiatrist, licensed psychologist, licensed social worker)

Documentation Verification Form:

The student completes the following: (if a question does not apply, please indicate with N/A)

*Describe how your disability impacts performance in an academic/educational environment. (i.e.: functional limitations or limited major life activities).

*Please list previous accommodations that were implemented in an academic setting? Specify those that maximized your strengths as well as those that did not.

*Describe the type of accommodations that you believe will allow you to be the most successful during your collegiate career.

I, _____, hereby authorize the release of the following information as well as any pertinent documentation to the ADA Services at Tusculum University for the purpose of determining my eligibility for accommodations.

Student's Signature: _____ Date: _____

Student's Phone: _____ Student's DOB: _____ Student's ID#: _____

Witness's Signature: _____ Date: _____

Healthcare Provider Section

The following information is to be completed and signed by the licensed provider.

Date of first contact with your office: _____

How often is the patient seen? _____

Date of last contact: _____

Please fill in the information below about diagnosis(es):

Date of Diagnosis	Diagnosis	DSM code if applicable	Anticipated Duration of Diagnosis

Check off all sources used to verify diagnosis:

<input type="checkbox"/>	Psychological testing	<input type="checkbox"/>	Family history
<input type="checkbox"/>	Neuropsychological testing	<input type="checkbox"/>	Academic testing
<input type="checkbox"/>	Other: (please list)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Current Treatment:

Medication Management: List any side effects that may impact academic performance:

Outpatient counseling/therapy - Number of visits per month: _____

Physical/Occupational Therapy - Number of visits per month: _____

Speech Therapy – Number of visits per month: _____

Other (please describe) _____

Explain how the student's disability impacts performance in a classroom setting? (e.g. Speaking, Note Taking, Concentration, Processing Speed)

Explain how the student's disability impacts performance on timed tests? (e.g. Levels of Anxiety/Stress, Memory, Concentration, Processing Speed)

If applicable, explain how the student's disability might impact their ability to speak in front of a class. (e.g. class participation, public speaking)

Please provide any additional information you feel will be useful in determining appropriate accommodations and services: _____

Complete **ONLY** when chronic health conditions impact attendance and/or course deadlines:

How often do medical episodes occur and how long do the symptoms last?

Describe the impact of the symptoms:

Date of last known episode: _____

Does the episode/condition require hospitalizations (Y or N)? If yes, typical duration:

Does the condition require regular treatments such as infusions, radiation (Y or N)? If yes, describe the side effects.

Any upcoming surgeries related to the condition (Y or N)? If yes, date and expected recovery time.

Healthcare Provider Information I certify by my signature that all information in this document is accurate, and the patient is under my care.

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

State of License: _____ License Number: _____

Address: _____ Phone: _____

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Date Received: _____

Received by: _____

Initial due date: _____

Provisions of Services

ADA Services offers a variety of accommodations for students. As part of the initial request for services, students must complete a disability needs assessment with a licensed physician, psychiatrist, psychologist, or other medical or mental health provider. The results of this assessment must be submitted as part of the ADA application.

ADA Services may include appropriate and reasonable accommodations. The selection and approval of accommodations are contingent upon students' disabilities, documentation of functional limitations, and barriers to the academic environment.

Student's Initials: _____

Nature of ADA Services

ADA accommodations are intended to provide students with disabilities with an equal opportunity to demonstrate their academic ability.

Students are encouraged to communicate with ADA Services. If students believe their needs or accommodations are not addressed in a timely and appropriate manner by ADA Services, they should initiate the Grievance Procedure provided below.

Student's Initials _____

Grievance Procedures

Students may file a grievance in the form of a written complaint against ADA Services through the Dean of Students within ten (10) business days of the incident. The Dean of Students will contact students directly. Students are invited to continue to use all programs and services offered by the office without fear of retaliation.

Student's Initials _____

Confidentiality

Students should understand that ADA Services maintains privacy per the ethical guidelines and legal requirements of its profession and the state of Tennessee. No records or information about students will be released from ADA Services without students' written consent, except under these circumstances:

Present a danger to self or another person

The suspicion that a child, dependent adult or elder is being abused (physically or sexually) or neglected

Under the age of 18 and disclosure of abuse or neglect is made

A valid subpoena is issued for records or otherwise subject to a court order, or other legal process requiring disclosures

Student's Initials _____

Rights and Responsibilities

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Under these two laws, Tusculum provides equal access to all goods and services it offers to all qualified persons with a disability. Each member of the Tusculum community has rights and responsibilities to the programs offered, including extracurricular activities. Tusculum also complies with FERPA and HIPPA laws with regards to ADA Services.

Students

Rights · Request for accommodation through ADA Services at any time during the semester · Implementation of recommended accommodations once determined eligible by ADA Services

Responsibilities · Provide ADA Services with verifiable documentation of disability · Provide professor with ADA Services accommodations letter if planning to seek accommodations · Mastery of course material

ADA Services

Rights · Interactive process · Access to documentation of disability or disabilities

Responsibilities · Determine accommodations on a case-by-case basis · Act as a mediator and advocate · Maintain the confidentiality · Refer students to appropriate campus or community resources

Faculty

Rights · Request verification of eligibility for accommodations · Consult with ADA Services about students as appropriate · Require students with disabilities to meet the same academic standards as their peers ·

Responsibilities Meet with students confidentially to discuss their disability-related needs and accommodations · Provide classroom materials in an alternative format when documentation supports the request ·

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Staff Review of Informed Consent Acknowledgement

ADA Services is committed to offering students who participate in services with opportunities to be supported and challenged personally, socially, and spiritually throughout their academic journey at Tusculum. As such, the signature below acknowledges that the ADA Services Coordinator and/or appropriate Student Affairs staff member has reviewed the above Informed Consent with the student requesting services.

ADA Services _____ Date