



## APPLICATION FOR ACCOMMODATIONS

### PERSONAL INFORMATION

If you need help completing this application, please ask for assistance

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date \_\_\_\_\_ (Male or Female)

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternative phone \_\_\_\_\_

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Were you involved in Special Education, Resource or a similar school program?  
Yes \_\_\_ No \_\_\_\_\_

If yes, please check the applicable grades: Elementary \_\_\_\_\_ Jr. High School \_\_\_\_\_  
High School \_\_\_\_\_

List all schools, colleges, including Tooele Applied Technology College you have attended:

Colleges/Universities/Training Programs Attended:

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Major \_\_\_\_\_

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Major \_\_\_\_\_

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Major \_\_\_\_\_

Have you completed an Admissions application? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you met with a Student Advisor? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your training program?

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Upon Completion of your training program do you plan to attend another institution to further your education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

**Ellen Lange-Christenson**  
**VP of Student Services and Marketing**  
Tooele Applied Technology College  
88 South Tooele Blvd.  
Tooele, UT 84074  
**435-248-1800**  
**Email: [elange@tatc.edu](mailto:elange@tatc.edu)**

**CONTACT INFORMATION** This information is needed to document your disability

Vocational Rehabilitation  
Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Department of Workforce Services  
Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Therapist/Psychologist \_\_\_\_\_ Phone \_\_\_\_\_

Veterans Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Support service providers \_\_\_\_\_ Phone \_\_\_\_\_

**DISABILITY INFORMATION** Explain as fully as you can. Use additional paper if needed

Describe your **DISABILITIES** (Include diagnosis information)

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How will your disability **LIMIT** or **AFFECT** your activities at the college?

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How can we help you? What **ACCOMMODATIONS** will you need or requesting?

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Please list accommodations that you have received at other schools \_\_\_\_\_

**Comments or concerns about your training**

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## DOCUMENTATION GUIDELINES

In keeping with HIPPA guidelines, the ADA coordinator is not to directly **solicit** any information. It is the student's responsibility to provide documentation.

The College provides accommodations for students with disabilities under provisions of the American with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. **It is the student's sole responsibility to provide documentation for the purpose of determining eligibility for services.** The following clarifications are given to assist the student and their diagnostician in determining what information is needed.

### **Qualifying Professional**

The diagnostician must be an impartial individual who is not a family member of the student. He/She must be a medical doctor, licensed clinician, social worker, or a licensed psychologist. He/She must be qualified to diagnosis under the DSM/ICD guidelines and have training and relevant expertise in the specific area of disability in which he/she is providing diagnosis.

### **Documentation**

Diagnoses are primarily derived from the Diagnostic and Statistical Manual (DSM) version IV, Revised or the International Classification of Diseases (ICD) version 10. Eligibility under ADA requires that a person has diagnosed impairment which significantly limits one or more major life activities. Current case defines major life activities as walking, sitting, standing, seeing, hearing, speaking, breathing, reading, writing, working, performing mathematical calculations, and caring for oneself. Both the impairment and the limitation of a major life activity must be established to be eligible under ADA.

### **Written Report**

**The report submitted by the qualifying professional should be typed and must be on professional letterhead with a date and signature.** Documentation must include the name, title, and credentials of the qualified professional writing the report. We welcome recommendations for accommodations, supported by documentation. These recommendations will be evaluated in relation to the course requirements.

### **The report should also contain the following:**

- 1) *The individual's history of the disabling condition.*
- 2) *The diagnosis, referring to the DSM or ICD where appropriate;*
- 3) *The prognosis and treatment plan/recommendation, including medications being prescribed which may affect a major life activity;*
- 4) *A description of the limitations and supporting documents, including tests.*

### **Documentation should be Current**

As a general rule, disability documentation should be less than three years old. If the diagnosis indicates a medical condition, which is permanent or unchanging, it is not necessary to update documentation every three years. If the prognosis indicates rapid change in the condition or limitations, documentation may need to be updated more often. Check with the ADA coordinator if you have any questions about when documentation needs to be renewed.

**ADA INFORMATION RELEASE FORM**

I, \_\_\_\_\_ authorize the ADA Coordinator to receive, discuss, seek clarification and share information via telephone, e-mail, or in person regarding registration, grades, disability, limitations, accommodations and service information with the following individuals:

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Authorizations to the individuals listed above are valid during my enrollment at the college but may be terminated by me, at any time, through a written request to the ADA Coordinator.**

I acknowledge that information regarding my disability and functional limitations may be shared with specific individuals within the college on a need-to know basis.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

ADA Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

TERMINATION DATE \_\_\_\_\_ Student Initials \_\_\_\_\_

ADA Coordinator Initials \_\_\_\_\_

## TATC STUDENT RESPONSIBILITIES

**INSTRUCTIONS:** *Please read each of the following statements and indicate your agreement by initialing each item. If you have questions about these responsibilities, discuss them with the ADA manager or your counselor.*

I. (*Print your name*) \_\_\_\_\_ understand that I must:

- \_\_\_\_\_ Provide the ADA Coordinator with appropriate documentation, as required by ADA, i.e., disability, i.e., medical records, psychological evaluation, high school special records to verify my initial eligibility and may be required to provide periodic updates of such documentation.
- \_\_\_\_\_ Discuss the functional limitations caused by my disability and assist the ADA Coordinator in determining which accommodations are appropriate
- \_\_\_\_\_ Meet with the ADA Coordinator to inform of academic progress and needed accommodations.
- \_\_\_\_\_ Take responsibility for my education at Tooele Applied Technology College and obtain assistance from other student services such as academic and career advising, and make contact to services providers when appropriate.
- \_\_\_\_\_ Contact the ADA Coordinator when changes occur, services are interrupted for any reason, or a problem occurs with a service provider.
- \_\_\_\_\_ Adhere to the student code of conduct, college policies and attendance and progress requirement to include:
  - \_\_\_\_\_ 1) Cooperate by attending scheduled appointments with the ADA Coordinator, and attending training on adaptive equipment.
  - \_\_\_\_\_ 2) If a student has not shown up within 15 minutes of the start of class, the ADA service provider will leave the class and report the absence to the ADA Coordinator.
  - \_\_\_\_\_ 3) If there is a pattern of missing classes on a regular basis; services will be terminated until you meet with the ADA Coordinator.
  - \_\_\_\_\_ 4) Maintain borrowed equipment in good condition and return in a timely manner. If borrowed equipment is not returned when agreed upon, a hold can be placed on the student's transcript.

**ACKNOWLEDGMENT:** *By initialing the items above and by signing this form, I acknowledge my understanding of each of these responsibilities and verify that I have had an opportunity to ask questions and discuss these responsibilities with my ADA Coordinator.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_