



300 College Drive, Glendive MT 59330

disability@dawson.edu

Phone: 406.377.9400

Fax: 406.377.8132

Request for Accommodations

Personal Information

Name: _____
First Middle Last

Dawson ID#: _____ Date of Birth: _____

*Assistance animal? No _____ Yes _____ If yes, please review the DCC Animal Policy, the Standards of Care for ESAs and Service animals and the Animal Identification and Documentation at <https://adata.org/publication/service-animals-booklet>.

Residence Hall and Room Number: _____ Cell Phone: _____

Local Mailing Address Street and Number: _____

City, State: _____ Zip: _____

Dawson Email _____@bucs.dawson.edu Alternate Email: _____

Permanent Mailing Address - Street and Number: _____

City, State: _____ Zip: _____

Academic Information

_____ Kettner _____ Gibson _____ Brueberg _____ Off Campus

_____ Freshman _____ Sophomore

Major: _____

Transfer Student- Previous College Attended: _____

Disability Information

Student Name: _____

Check all that apply:

_____ Attention Deficit Hyperactivity Disorder (ADHD)

_____ Brain Injury

_____ Chronic Health Condition

_____ Deaf / Hard of Hearing

_____ Learning Disability

_____ Mobility Impairment

_____ Neurological Condition

_____ Psychological Condition

_____ Visual Disability

_____ Autism Spectrum

_____ Dietary

Other _____

Disability Diagnosis: _____

Date of Onset: _____ Date of Diagnosis: _____

Current Medications: _____

Please describe the ways in which your disability causes significant impairment to a major life activity (hearing, speaking, seeing, walking, thinking, learning, working, manual tasks, self-care, etc).

Please describe the impact of your disability in an academic environment. _____

If you have a service animal, what work or task has the animal been trained to do? _____

*The ADA indicates a service animal can only be a dog. The animal must be trained to do a task or work that is directly related to the owner's disability. An emotional support animal is not specifically trained to do a task or work and does not qualify as a service animal. Please discuss with your professors the behaviors expected of your dog during classes and when the dog performs the task for which it was trained.

Accommodations

Student Name: _____

What accommodations have been helpful to you in the past? _____

**List the auxiliary aids and services, including housing and/or dietary accommodations, that you believe will enable you to be included in the Dawson community: (e.g., taped lectures, test accommodations, extra time, quiet room, help with note taking, housing, dietary, etc). Note that you do not have to use all accommodations in all settings every time. Please attach another sheet if more space is needed.

**This information must be updated every semester. Please discuss your academic needs with your professors.

In order to determine reasonable accommodations that enable full participation within the Dawson Community College community, the College requires current and comprehensive documentation of the students' condition from a licensed professional or health care provider that is not a family member. Please include recommendations for success in a college environment and suggested academic accommodations. Please complete the attached Disability Verification Form(s) relevant to this student (i.e. mental and behavioral health disability verification, physical disability verification, or both mental and physical disability verifications. This information should be sent on the Disability Documentation Form or on official letterhead from the licensed professional or the health care provider directly to Dawson Community College, P.O. Box 421, 300 College Drive, Glendive, MT 59330.

Licensed professionals/health care provider/s from whom documentation will be sent_____

All documentation submitted to Disability Support Services is considered confidential.

By my signature I affirm that all personal statements and documents that I am submitting in support of my request/s are true and correct. I understand that falsifying or misrepresenting facts or information may result in disciplinary action. Please initial: _____

Authorization

I authorize the Dawson Community College Disability Services to receive information from my provider or providers. I also authorize my provider, or providers to discuss my conditions with the appropriate Dawson Community College personnel on an as needed basis. Please initial_____

I authorize Disability Services to release necessary disability related information to my professors, advisor, administrative staff, dining personnel, and Student Affairs personnel as needed. Please initial_____

I authorize Disability Services to discuss my circumstances with my parent or guardian whose name is/are_____ Please initial_____

These authorizations are voluntary and I may revoke my consent at any time through a written, signed and dated requested to the Disability Services. **I understand that if I choose not to have certain College personnel notified, this may cause the accommodations I receive to be discontinued.**

A student who wishes to file a complaint or grievance will find the information in the Student Handbook <https://dawson.edu/students/student-handbook/>.

Student Signature

Date

Parent or Legal Guardian (if student is a minor)

Date

Administrative use only: obtain further documentation or inform the following departments as appropriate

Kettner_____ Gibson_____ Brueberg_____

Faculty regarding academic accommodations and if Service animal in class_____

Housing if Service_____ or ESA_____
Security if Service_____ or ESA_____

Dining if Dietary accommodation_____ or Service_____
Athletics if Service_____

**MENTAL AND BEHAVIORAL HEALTH DISABILITY VERIFICATION
TO BE COMPLETED BY A QUALIFIED PROFESSIONAL**

The student named below has identified you as a licensed professional who is familiar with him/her. Please assist us in providing appropriate educational services for this student by verifying his/her diagnosis (diagnoses). In addition, please tell us how the student's disability may affect his/her ability to function in an academic environment and any accommodation that you believe will assist the student in the tasks of learning.

Release of Information, to be completed by the student (please print legibly in ink):

Student's Name: _____, _____, _____
Last First Middle Date of Birth

I authorize the release of information requested below to Disability Services at Dawson Community College.
(Note: Your evaluator may have additional releases for you to sign.)

Student's Release Signature

Date

Parent or Guardian's Signature (if student is a minor)

Date

To be completed by a licensed/certified professional (please use additional pages as needed)

Diagnoses:

Level of Severity:

☐

Mild

☐

Moderate

☐

Severe

☐

Partial

☐

Mild

☐

Moderate

☐

Severe

☐

Partial

Remission

Remission

Dates of Diagnoses:

Dates of Last Office Visits:

Diagnoses:

Level of Severity:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild	Moderate	Severe	Partial Remission	Mild	Moderate	Severe	Partial Remission

Dates of Diagnoses:

Dates of Last Office Visits:

Please help Disability Services at Dawson Community College to provide the most helpful and effective educational environment for your client/patient. Take a few moments to consider and answer the following two questions. We value your knowledge of this student and will seriously consider the information you provide in developing the individual accommodations that will give this student access to the programs and services of Dawson Community College.

6. How do the student's disabilities limit his/her ability to function in an academic environment?

7. What are some accommodations that will help the student with tasks such as reading, taking tests, paying attention in class, note taking, etc?

Please include a psychological evaluation or psycho-education evaluation for LD & ADHD if available. The report should include the following:

- Assessment/evaluation procedures along with scores of all test administered.

- Relevant background information (i.e., history of disability).

I certify that the above referenced client/patient has a “physical or mental impairment that substantially limits one or more major life activities of such individual” as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient’s disability, and the information provided on this form is accurate to the best of my knowledge.

Printed Name of Professional

Signature of Professional

Date

Professional Credential: _____

License/Certification #

Street Address

City

State

Zip Code

Please return this form as soon as possible so this student may receive accommodations.

Please include the necessary verifying documents from your files.

PHYSICAL DISABILITY VERIFICATION TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

The student named below may be eligible for services offered through this office. In order to provide these services, we must have verification of the student’s disability.

Please note: The determination of actual services and accommodations will be made by Disability Services.

To be completed by STUDENT (please print legibly in ink):

Student’s Name: _____

Last

First

Middle

Social Security #: _____ Date of Birth: _____

I authorize the release of information requested below to the Disability Services at Dawson Community College. (Your evaluator may have additional releases for you to sign).

Student’s Release Signature

Date

Parent or Legal Guardian's Signature (if student is a minor)

Date

To be completed by a licensed/certified PROFESSIONAL:

1). Diagnosis: _____

2). Disability is: _____permanent _____ temporary

Expected duration of temporary disability: _____ - _____

3). Level of severity: _____Mild _____ Moderate _____ Severe _____ Partial Remission

4). Date(s) of diagnosis: _____

5). Date of last office: _____

6). For a MOBILITY LIMITATION:

Does this student use a wheelchair? _____No _____ Yes

What kind of mobility restrictions does the student experience?

7). For a VISUAL IMPAIRMENT:

Visual acuity: Left: _____ Right: _____

Field: Left: _____ Right: _____

Recommended accommodations:

8). For a HEARING IMPAIRMENT please include an audiological report completed within one year prior to the date of application to Dawson Community College.

DB Loss: _____ Left: _____ Right: _____

Recommended accommodations:

9). How does the student's disability substantially limit his/her ability to function in an academic environment (i.e., mobility, classroom activities, test taking, etc.)?

10). Please list any additional recommended accommodations:

11). Current prescribed medications related to disability:

Medication

Effects/side effects

I certify that the above referenced client/patient has a “physical or mental impairment the substantially limits one or more major life activities of such individual” as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient’s disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (please print):

Signature of Professional:

License/certification #: _____ Date: _____

Address: _____

Phone #: _____ Fax #: _____

Return this form to Disability Services as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.