



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 \_\_\_\_\_ \*Service animal? No \_\_\_\_\_  
Yes \_\_\_ If yes, please review the Service 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 address \_\_\_\_\_

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).

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

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

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\*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? \_\_\_\_\_

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**\*\*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.**

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**\*\*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 \_\_\_\_\_

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**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 \_\_\_\_\_ Dining if Dietary accommodation \_\_\_\_\_ or Service \_\_\_\_\_  
Security if Service \_\_\_\_\_ or ESA \_\_\_\_\_ 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)

|                              |                                                                                                                                                                                        |                                                                                                                                                                                        |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Diagnoses:</u>            |                                                                                                                                                                                        |                                                                                                                                                                                        |
| Level of Severity:           | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Partial<br><span style="margin-left: 150px;">Remission</span> | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Partial<br><span style="margin-left: 150px;">Remission</span> |
| Dates of Diagnoses:          |                                                                                                                                                                                        |                                                                                                                                                                                        |
| Dates of Last Office Visits: |                                                                                                                                                                                        |                                                                                                                                                                                        |
| <u>Diagnoses:</u>            |                                                                                                                                                                                        |                                                                                                                                                                                        |
| Level of Severity:           | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Partial<br><span style="margin-left: 150px;">Remission</span> | <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Partial<br><span style="margin-left: 150px;">Remission</span> |
| 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:

\_\_\_\_\_

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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:

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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.)?

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10). Please list any additional recommended accommodations:

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11). Current prescribed medications related to disability:

| <u>Medication</u> | <u>Effects/side effects</u> |
|-------------------|-----------------------------|
| _____             | _____                       |
| _____             | _____                       |
| _____             | _____                       |
| _____             | _____                       |

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.