



300 College Drive, Glendive MT 59330
Phone: 406.377.9465 | Toll Free: 800.821.8320 | 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 _____ **@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).

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 Support 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 Support 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 Support 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 Dean of Student Success. **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 Support 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 Remission	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Partial Remission
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 Remission	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Partial Remission
Dates of Diagnoses:		
Dates of Last Office Visits:		

Please help Disability Support 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.

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 Support Services/Dean of Student Success as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.