



## **NOTE TO STUDENTS:**

Adult students with disabilities may face a variety of unique obstacles in earning a college degree, but Disability Services is here to assist in “leveling the playing field” so to speak. Please complete and return this application to any UA Cossatot campus, or by fax or email, to start the process of securing accommodations.

The United States’ Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act establish that students with disabilities be provided equal access to a college education. The ADA defines “disability” as “having a physical or mental impairment that substantially limits one or more of the major life activities.” The ADA protects individuals from discrimination if they have a record of such impairments or if they are regarded as having such impairments. An individual with a disability is someone:

- With a physical or mental impairment that substantially limits one or more major life activity;
- Who has a record of such an impairment;
- Who is regarded as having such an impairment

Section 504 prohibits discriminating on the basis of disability against participants in programs receiving federal funds. Campuses are required to be physically and programmatically accessible. Colleges are required to provide reasonable accommodations for students with disabilities to ensure equal access to college offerings. The ADA defines reasonable accommodation as: “changes or adjustments in a school site, program, or job that makes it possible for an otherwise qualified student with a disability to perform the duties or tasks required.” Colleges are not required to provide personal aides or assistants. A student with a disability is to have what is needed so that they may access every activity (or its equivalent) that is available to other students. Colleges are not expected to provide something which will cause an “undue hardship” on the college. “Undue hardship” is defined as: “action requiring significant difficulty or expense” when considered in light of factors such as: nature and cost of the accommodation in relation to the overall size, resources, nature and structure of the college’s operation. Alternatives which may serve in place of the specific accommodation should be considered.

One of the major results this legislation has been the development of disability services on college campuses. It is the goal of UA Cossatot Disability Services to assist students with disabilities in identifying what obstacles they may face based upon documentation of a disability and to work closely with the students in determining how we can overcome the obstacles together. The key to being successful as an adult student with a disability is: knowing your rights, knowing your responsibilities, and helping yourself. We look forward to getting to know you better, working with you to creatively solve any problems you may come across, and assisting you in achieving your academic and career goals.

## **CONFIDENTIALITY ASSURANCE POLICY:**

Information which identifies or may identify a student is treated with respect and privacy. Information known to faculty and staff about individuals who are served by Disability Services is treated as confidential both in and outside of the college environment. Access to information provided to Disability Services is limited to faculty and staff who are involved with services being provided unless others are named on written releases. Student records and other written student identifying information is maintained, stored and/or disposed of in a secure manner and environment in compliance with all legal requirements.

## **CONFIDENTIALITY LIMITATIONS:**

- If there is reasonable concern that an individual is a danger to self or others
- Records may be subpoenaed by a court or audited by an agency of higher education
- Information may be used for purposes of sharing information with other agencies to assist the student (ie: Arkansas Rehabilitation Services, WIA, Career Pathways), providing training to new staff members, and supervision.

## DOCUMENTATION REQUIREMENTS:

In order to determine eligibility of accommodations as mandated under the ADA, UA Cossatot requires students provide objective evidence that verifies that the student's condition meets the definition of "disability" under current laws and identifies functional limitations in regards to academics.

The requirement of documentation serves two purposes:

- Documentation establishes protection from discrimination.
- Documentation assists in determining the reasonable accommodations to which the student may be entitled. Documentation for this purpose must establish both the presence of a disability AND provide adequate information regarding the possible functional impact of the disability on academic endeavors in order to identify effective accommodations.

Acceptable sources of documentation for substantiating a student's disability and request for particular accommodations can take a variety of forms:

- Primary Documentation: Student's Self-Report: The student is a vital source of information regarding how he or she may be "limited by impairment." A student's narrative of his or her experience of disability, barriers, and effective and ineffective accommodations is an important tool which, when structured by interview or questionnaire and interpreted, may be sufficient for establishing disability and a need for accommodation.
- Secondary Documentation: Observation and Interaction: The impressions and conclusions formed by higher education disability professionals during interviews and conversations with students or in evaluating the effectiveness of previously implemented or provisional accommodations are important forms of documentation. Experienced disability professionals should feel comfortable using their observations of students' language, performance, and strategies as an appropriate tool in validating student narrative and self-report.
- Tertiary documentation: Information From External or Third Parties: Documentation from external sources may include educational or medical records, reports and assessments created by health care providers, school psychologists, teachers, or the educational system. This information is inclusive of documents that reflect education and accommodation history, such as Individual Education Program (IEP), Summary of Performance (SOP), and teacher observations. External documentation will vary in its relevance and value depending on the original context, credentials of the evaluator, the level of detail provided, and the comprehensiveness of the narrative. However, all forms of documentation are meaningful and should be mined for pertinent information.

## GRIEVANCE PROCEDURES:

If a student finds it necessary to file a formal complaint regarding an accommodation or the way in which an accommodation is provided they should follow the Disability Services formal grievance process. Formal complaints regarding disability based discrimination or harassment should follow the grievance procedures for non-grade issues as outlined in the academic catalog and on the UA Cossatot website.

1. Student must schedule an appointment with Disability Services to discuss the complaint. The student will be asked to detail the grounds for the complaint, the sought remedy, and justification of the sought remedy based on valid and current documentation of disability. Disability Services has five (5) working days to review documentation, investigate, and respond to the student.
2. If unsatisfied with the decision of Disability Services, the student may present the complaint to the Director of Student Services in written form which must include: details of the accommodation issue, sought remedy for the issue, and justification of sought remedy. The Director of Student Services has five (5) working days to review the written complaint, investigate, and respond in written form.
3. If unsatisfied with the decision of the Director of Student Services, the student may appeal within five (5) working days to the Vice Chancellor of Academics who must respond in writing within five (5) working days.
4. If unsatisfied with the decision of the Vice Chancellor of Academics, the student may appeal within five (5) working days to the Chancellor who will hear the complaint and render a decision within ten (10) working days. The decision of the Chancellor is final.

# UA COSSATOT DISABILITY SERVICES

## Application for Services

### STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

MAJOR: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ SECONDARY PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

Have you received accommodations at any other educational institution? \_\_\_\_ YES \_\_\_\_ NO

### STUDENT RESPONSIBILITIES & ACKNOWLEDGEMENTS

Please initial beside each:

\_\_\_\_ I understand that I am required to provide documentation regarding my disability and barriers it may pose in order to receive appropriate accommodations.

\_\_\_\_ I understand that I am responsible for communicating my needs to Disability Services as well as my instructors in order to secure appropriate accommodations.

\_\_\_\_ I understand that I am responsible for following my Accommodation Plan once it is established by communicating with my instructor(s) regarding my accommodations and academic needs.

\_\_\_\_ I understand that I am responsible for following the course syllabus and attendance policy for each course unless other arrangements are made with my instructors.

\_\_\_\_ I understand that my Accommodation Plan will be automatically renewed each consecutive semester that I enroll in classes until such time that I submit a written request to discontinue them.

\_\_\_\_ I understand that I must contact Disability Services to renew my Accommodation Plan should I not maintain continuous enrollment in consecutive semesters.

\_\_\_\_ I understand that it is my responsibility to contact Disability Services to have my plan modified if needed in order to ensure my needs are met.

\_\_\_\_ I acknowledge that I have received a copy of Disability Services Confidentiality Assurance Policy.

\_\_\_\_ I acknowledge that I have received a copy of Disability Services Documentation Requirements.

\_\_\_\_ I acknowledge that I have received a copy of Disability Services Grievance Procedures.

I understand that completion of this application does not necessarily mean that I qualify for accommodations and that I must provide documentation of my disability and meet with Disability Services to assess the need for appropriate accommodations. Please return this application and contact Disability Services to schedule an appointment to proceed with services.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(if student is under 18 years of age or has a legally appointed guardian)

\_\_\_\_\_  
DATE

#### DISABILITY SERVICES OFFICE USE ONLY

|           |   |   |           |   |   |            |   |   |           |   |   |        |   |   |
|-----------|---|---|-----------|---|---|------------|---|---|-----------|---|---|--------|---|---|
| HSTR/GEDC | Y | N | COLT      | Y | N | READ       | Y | N | WRIT      | Y | N | MATH   | Y | N |
| DEGLOCK   | Y | N | IMMU/IMM2 | Y | N | DISADVISOR | Y | N | DISA HOLD | Y | N | WEBREG | Y | N |



# UA COSSATOT DISABILITY SERVICES

## Request for Accommodations

STUDENT NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

**To be completed by student and Disability Services:** Accommodations requested should be based only on barriers posed by a documented disability. Disability Services may make recommendations and/or suggestions on reasonable accommodations.

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REQUEST: \_\_\_\_\_

Based on documentation provided by the student, along with observations from application interview, the above requests are appropriate and relevant to overcoming disability related barriers to academic success.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DISABILITY SERVICES SIGNATURE

\_\_\_\_\_  
DATE



# UA COSSATOT DISABILITY SERVICES

## Release of Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ STUDENT ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Only complete if you want Disability Services to request information on your behalf regarding your disability** in order to establish and/or verify eligibility for Disability Services, to establish the need for and develop appropriate academic accommodations to ensure equitable access to academic programs and/or coursework, and to maintain communication between UA-Cossatot and outside agencies assisting with your educational endeavors.

**UA Cossatot Disability Services**  
183 College Drive, DeQueen, AR 71832  
Phone: 870.584.4471 Fax: 870.642.5088  
[disabilityservices@ccua.edu](mailto:disabilityservices@ccua.edu)

I consent to the sharing of my personal information between UA-Cossatot Disability Services and these entities:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Please indicate the specific type of information to be shared:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical History                       | <input type="checkbox"/> Physical Examination        | <input type="checkbox"/> Hospitalization Records        |
| <input type="checkbox"/> Treatment Plans                       | <input type="checkbox"/> List of Allergies           | <input type="checkbox"/> Discharge Summary              |
| <input type="checkbox"/> Surgical Report                       | <input type="checkbox"/> PT/OT Therapy Orders        | <input type="checkbox"/> Medication List                |
| <input type="checkbox"/> Office Notes                          | <input type="checkbox"/> Educational Evaluations     | <input type="checkbox"/> Individualized Education Plans |
| <input type="checkbox"/> 504 Plans                             | <input type="checkbox"/> Academic Transcripts        | <input type="checkbox"/> Financial Aid Information      |
| <input type="checkbox"/> Degree Plan Information               | <input type="checkbox"/> Student Account Information | <input type="checkbox"/> Grades & Schedules             |
| <input type="checkbox"/> Consultation Reports regarding: _____ |  |   |

Other: \_\_\_\_\_

I understand I have the right to revoke this authorization in writing at any time. Revocation will not apply to information already been shared in response to this authorization. I understand that this authorization will expire upon lack of enrollment at UA Cossatot.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(if student is under 18 years of age or has a legally appointed guardian)

\_\_\_\_\_  
DATE