

**South Dakota School of Mines and Technology
Counseling and ADA Services**

Request for Section 504 ADA Services

Please provide all of the information requested, in order to enable the university to best meet your needs. If you need help completing this form, please phone Megan Reder-Schopp at 394-6988 or 605-394-2416. This form is available in taped and large print formats by request.

Date: _____

Name _____

Preferred name: _____ **DOB:** _____

Current Address: _____

Phone: _____

E-mail: _____

Please check each item that applies:

- _____ Applying for Admission Accepted for Next Semester
- _____ Freshman
- _____ Sophomore
- _____ Junior
- _____ Senior
- _____ Graduate
- _____ Other (please specify)

Major: _____ **Referred by:** _____

Please list the names, addresses and phone numbers of each of your current physicians, therapists, counselors or other support services providers below. Indicate the person's role (e.g. Mary Smith, speech therapist, 123 East 4th St, Rapid City 555-6789)

Do you receive assistance from Vocational Rehabilitation or Services for Visually Impaired?

yes no

If yes, please indicate the name, address and phone number of your VRISVI Counselor.

Disability type: (please check all that apply)

Hearing Speech
Vision Mobility
Learning Disability Attention Deficit Disorder
Neurological Condition Respiratory Condition
Psychological/Psychiatric Condition
other (please describe):_____

How does your disability impact your ability to function in an academic setting? Please be as specific as possible.

Are you currently taking medication? yes no

If yes, please specify which medications and possible side effects.

Did you receive support or special services for disabilities while in high school? yes no

If yes, please describe.

If possible, please attach or have a copy of your most recent Individualized Education Plan sent to SDSM&T, attention of Megan Reder-Schopp, Director of Counseling and ADA Services, Surbeck Center

Please check all of the adaptive equipment you use on a regular basis:

- cane
- lap board
- headpointer
- transfer equipment
- laptop computer
- magnification equipment
- speech transmission device
- manual wheelchair
- crutches
- communication board
- hand splints
- lift-equipped van
- assistive speech device
- tape recorder
- talking equipment
- power wheelchair
- other (specify)

Where will/do you reside during the school semester? on-campus own home/apartment shared apartment/house with friends with family fraternity/sorority house

Will you require assistance for personal needs on campus? yes no

If yes, please describe:

Have you been or are you frequently absent from school as a result of medical problems?

yes no

If yes, please describe:

Check all of the services you think you may need. Please note: Not all of these adaptations may be available at SDSM&T at this time.

- extended test time
- interpreter
- accessible classrooms

- _____ alternate testing procedures
- _____ special parking permit
- _____ wheelchair storage
- _____ accessible residence hall accommodations
- _____ taped textbooks
- _____ taped lectures
- _____ extended time for assignment completion
- _____ other (please describe)

ALL STUDENTS ARE REQUIRED TO PROVIDE MEDICAL OR OTHER APPROPRIATE DIAGNOSTIC EVALUATION OF THEIR DISABILITY.

Disability Documentation provided should include, but may not be limited to the following:

- Demonstration of comprehensive assessments and evaluations, using adult scales, conducted by an appropriately credentialed professional;
- Demonstration of the evaluator having ruled out alternative explanations and diagnoses for presenting problems;
- Clear statement of the current impact of the disability upon major life functions and the functional limitations in an educational environment;
- Background information – pertinent and relevant histories – academic, family, developmental, medical, psychosocial, treatment, therapy, interventions and accommodations
- Specific diagnosis with accommodations recommendations; and
- Signature and contact information of diagnostician including mailing address, telephone number and e-mail address.

Statement of Agreement:

I understand that the staff from the Office of Academic Services may have access to my file in the Counseling and ADA Services Office, as well as academic and other University records in order to provide me with the support services I need. I further understand that in order to meet my educational needs, it may be necessary for the Counseling and ADA Services Office to contact my faculty or other campus offices and disclose information about my disability and needs. I understand that it is my responsibility to notify the Counseling and ADA Services Office of any change in my medical status or special needs. By completing this form, I consent to such disclosures by the Counseling and ADA Services Office, except that I do not want the following persons/offices to receive personal information about my disability:

Signed

Date

Statement of consent to share information:

I **give** Disability Services at the South Dakota School of Mines and Technology permission to share information with the following. **THIS CONSENT IS NOT FERPA! GRADES WILL NOT BE DISCUSSED.** (Please circle all that apply)

- | | |
|------------------|---------------------------|
| Parents | Therapist |
| Legal Guardians | Counselor |
| Spouse | Vocational Rehabilitation |
| Physician | Professor |
| Dean of Students | Other: _____ |

I **do not** give Disability Services permission to share information with the following:

Signed: _____ Date: _____

Comments: _____

**Please return this form with appropriate documents to the ADA Services Office, Attention: Megan Reder-Schopp, Director of Counseling and ADA Services, Surbeck Center, 605-394-6988 or 605-394-2416
FAX 605-394-2914**