South Dakota School of Mines and Technology
Disability Services

Request for Section 5O4 ADA Services

Please provide all information requested in order to enable the university to best meet your needs. If you need help completing this form, please phone Disability Coordinator Amanda Lopez at 394-2533. 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 _____Neurological Condition

_____Speech _____Respiratory Condition

_____Vision _____Attention Deficit

_____Mobility _____Psychological/Psychiatric Condition

_____Learning Disability

_____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: Amanda Lopez, Title IX and Disability Coordinator
Surbeck Center
501 East Saint Joseph Street
Rapid City, SD 57701
Fax: 605-394-2721

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

_____cane
_____lap board
_____headpointer
_____transfer equipment
_____laptop computer
_____magnification equipment
_____speech transmission device
_____ crutches
_____other (specify)
_____hand splints
_____lift-equipped van
_____ assistive speech device
_____ tape recorder
_____ talking equipment
_____ power wheelchair
_____manual wheelchair
_____ communication board

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. <u>Please note:</u> Not all 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 Disability 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 Disability 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 Disability Office of any change in my medical status or special needs. By completing this form, I consent to such disclosures by the Disability 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	Spouse
Therapist	Physician
Legal Guardians	Professor
Counselor	Vocational Rehabilitation
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:

Disability Services Office
Attention Amanda Lopez, Title IX and Disability Coordinator
Surbeck Center
501 East Saint Joseph Street
Rapid City, SD 57701

You may also email amanda.lopez@sdsmt.edu or fax to 605-394-2721