CABARRUS COLLEGE of HEALTH SCIENCES

Accommodations for Students with Disabilities

Student Name: _____ Student ID: _____

Program: _____ Date: _____

IMPORTANT: In accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, Cabarrus College of Health Sciences will consider all requests for accommodations and will evaluate those requests to assist students with disabilities. The Request for Accommodations form should be completed annually by the student. The Documentation of Disability Form should be completed every three years by a medical provider. Information regarding the College's policy regarding accommodations can be found here.

Request for Accommodations (Completed by the Student)

Address:		
City:	State:	Zip:
Date of Birth:		
Program:		

1. Please describe the nature of your disability.

   _____

   _____

2. How does your disability substantially limit any major life activity?
   Please provide all functional limitations you experience due to your disability.

   _____

   _____

3. Identify and describe the accommodation(s) you are requesting.

   _____

   _____

4. Is your disability:
   ☐ Permanent ☐ Temporary

Student Attestation and Release

☐ I attest that the information I have provided in the Request for Accommodations is true and correct. I understand that my request will be considered by Office of Retention and Student Success on behalf of the Dean, Student Affairs and Enrollment Management and college personnel as appropriate. I further understand that I have the right to appear on my behalf and present other relevant information.

☐ I give the licensed professional completing the Documentation of Disability, _____, permission to consult with the Office of Retention and Student Success on behalf of the Dean, Student Affairs and Enrollment Management for the purpose of evaluating my condition and satisfying my request for accommodations. I understand such consultation will be done confidentially.

Signature:
Date:

CABARRUS COLLEGE of HEALTH SCIENCES

Documentation of Disability (Completed by the Medical Provider)

To be completed by a physician, psychiatrist, psychologist, or appropriate licensed professional who is treating the student identified in the Request for Accommodations for the diagnosis identified in this document. To best serve the student, please thoroughly complete all requested information.

Cabarrus College of Health Sciences offers services to students who have a disability under the mandates of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Provider Name:		
Title:		
Practice/Agency:		
Address:		
City:	State:	Zip:
License Number:		Phone:

Please be advised that:

1. LD/ADHD/ADD and related conditions require a psychological evaluation report by a qualified psychologist, psychiatrist, or other appropriate licensed professional that is current within three years.
2. Psychiatric and other mental diseases must be evaluated and diagnosed within six months and satisfy a DSM-V code.

List the student's disability/disabilities, including the full DSM-V or ICD-9 code for each:

_____

_____

_____

List the assessment instruments and results, including the procedures, assessment tools, etc. used to establish the diagnosis/diagnoses:

_____

_____

_____

List the treatments, medications (including side effects), assistive devices/services prescribed or in use:

_____

_____

_____

Describe the student's condition, symptoms, and the impact on life activities, including academics. Please provide additional documentation, if needed.

_____

_____

_____

Expected duration of the disability/disabilities:

- ☐ Permanent
- ☐ Chronic
- ☐ Temporary (list duration)_____
- ☐ Long Term (3-12 months)
- ☐ Short Term (2-3 months)

What is the frequency and duration of symptoms:

- ☐ Daily
- ☐ 1x/Week
- ☐ 1-3x/Week
- ☐ 1x/Month
- ☐ 1-3x/Year
- ☐ Seasonal
- ☐ None (symptoms are under control)
- ☐ Other_____

Is the student able to attend classes? ☐ Yes ☐ No

If not, what are the effective dates?

Stop Date:_____ Return Date:_____

Suggested Accommodations for the academic setting based on the documented disability/disabilities

Please be specific. Note that accommodations may differ based on the requirements of each course.

- ☐ Extended Time (Quizzes and Exams): 150%
- ☐ Unrestricted bathroom breaks during class
- ☐ Preferential Seating
- ☐ Extended Time (Assignments):
  Estimate Duration: _____
- ☐ Read Aloud for Quizzes and Exams
- ☐ Assignments provided ahead of time for hospitalizations and doctor's appointments
- ☐ Distraction Reduced Environment (Exams)
- ☐ Access to food or drink at all times
- ☐ Unlimited excused absences for appointments or illness (with documentation from Provider)

☐ Other: _____

Licensed Professional Attestation

☐ I understand that the student will present this request to the appropriate college official for review and I may be requested to present additional relevant information regarding my patient and/or client's need for accommodation.

Signature:	Date:

Please return this form to the student or to:

Cabarrus College of Health Sciences
Office of Counseling and Disability Services
401 Medical Park Drive, Concord, NC 28025
Phone: 704-403-3433
accommodations@cabarruscollege.edu

In complying with the letter and spirit of applicable laws and in pursuing its goal of pluralism, Cabarrus College of Health Sciences shall not discriminate on the grounds of race, color, religion, sex, creed, ethnicity, age, national origin (including ancestry), citizenship status, sexual orientation, gender identity, gender expression, physical or mental disability, marital or parental status, military status, or any other protected category under applicable local, state or federal law in employment, education, and all other areas of the College. The College provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination should be directed to the Dean, Student Affairs and Enrollment Management, or the North Carolina Human Rights Commission, U.S. Equal Employment Opportunity Commission, Office for Civil Rights of the U.S. Department of Education, or other appropriate federal or state agencies.