



Disability Resources for Students (DRS)
Student Packet for Newly Requesting Students

Welcome to Clover Park Technical College!

In order to attain possible services through Disability Resource Services (DRS), appropriate diagnostic information from a qualified licensed professional is required. This can be in the form of a letter from your clinician, written on letterhead paper (not a prescription pad). Or it could be diagnostic summaries from office visits, if they clearly state what you have been seen for, your diagnosis, medications, etcetera. Diagnosis must be from qualifying clinicians. The DRS office also has Disability Verification forms available for you to take to your provider, if needed (one is attached in this packet).

After the DRS office has received your documentation, along with the required completed forms, an appointment to meet for an Intake can be arranged.

Every individual situation is unique; regardless of what medical documentation they may or may not have. Please contact our office to have a discussion about how DRS may be able to support you with your academic goals. There is not one type of accommodation for all students with disabilities. Each accommodation must be decided on a case-by-case basis.

Additionally, please note, once accommodations are established, they are applied proactively rather than retroactively, so planning ahead is very important.

Please contact the DRS Office if you have further questions or would like to set up an appointment to meet with DRS staff.

Thank you.

Disability Resources for Students
(PH) 253-589-5767
Office: Building 17, Room 103
disabilityresources@cptc.edu
4500 Steilacoom Blvd. SW
Lakewood, WA 98499-4004



Disability Resources for Students Office

Information for DRS Students

disabilityresources@cptc.edu

253-589-5767

If approved for services:

- I understand that students who receive reasonable accommodations for disability must meet essential academic and conduct standards. CPTC's academic and conduct standards can be found online.
- I am aware that my rights and responsibilities are outlined on the DRS page on CPTC's website.
- I understand that it is my responsibility to discuss questions or concerns I have regarding accommodations with DRS in a timely manner.
- I give DRS permission to discuss this information, my accommodations, and other relevant information with faculty, advisors, administrators and/or staff to further my educational goals. I understand DRS will enter my disability status in the state ctcLink system for confidential statistical purposes.

Disability Resources for Students (DRS) keeps a record of disability documentation. DRS endeavors to ensure that disability-related documents are kept confidential and shared with college personnel on a limited and need-to-know basis only. Your information cannot be released to anyone not employed by CPTC without your signed permission on an "Authorization for Release of Information" form. There are special circumstances under which the agreement of confidentiality may be broken:

- When a student discloses possible abuse or neglect of a child or incapacitated adult.
- When a student discloses that s/he is a threat to self or others.
- When a student discloses that s/he has experienced discrimination and/or retaliation in violation of Title IX.
- When a student's records are legally subpoenaed.

My signature below denotes I have read the information provided on this form and that I understand the exceptions to confidentiality.

Student ID Number: _____

Student Name (Printed): _____

Student Signature: _____

Date: _____

Received (DRS Initials): _____

Date: _____



Learning in the post-secondary (college) environment

80/20; 20/80 Rule This is one of the most important concepts students must grasp about the collegiate learning environment.

The 80/20 rule (How learning happens in High School) This rule says that practically all (or 80%) of the information students needed to know to be successful on their exams came from their teacher. The teacher dispensed this information via classroom lessons, then reinforced it through homework assignments and perhaps further by reviewing homework assignments during classes and in test study guides.

This has conditioned students to view the teacher as *the* primary agent of test preparation. The conditioning process of their high school environment has trained them to believe that if they pay close attention in class, record all things that the teacher writes on the board, memorize what is handed out - they will be successful. That is the 80% or the majority of their learning. The 20% consists of a brief review a day or so before tests or information in the text.

This is NOT how learning happens in college.

The 20/80 Rule (how learning happens in college) In college, students must **reverse the 80/20 rule** and begin operating according to a **20/80 rule**. This means they should consider the information the professor provides in class via lectures and study guides as roughly 20% of the content needed to be successful on exams or projects. They must generate the other 80% by synthesizing, grounding, and expounding upon the class information. This work is done outside of class. This means to students, that success in class has significantly more to do with their reading outside of class and how they explore the material.

Daily Implications

The 20% the professor provides is incredibly important, but it is insufficient for test preparation. Unlike the pre-college teacher, the college professor sees his/her role as that of a guide. Therefore, she does not expect to provide students information to pass tests. She expects to guide students as *they* explore and learn the content.

It's not about working harder, it's about working smarter and interacting with the material presented, rather than simply memorizing it. Students need to keep the learning outcomes (usually in the syllabus) in mind while they study, understand and analyze information rather than simply memorize it. While the student is doing the reading, studying and writing – they need to be asking themselves:

- What do I know
- What must I know
- How do I get to what I need to know
- What strategies will get me to what I need to know
- What's the quickest and surest way of getting there

Adapted from The Well (the LearnWell Project)

<http://thewelledu.com/2012/02/06/why-good-students-do-bad-in-college-proven-insights-2>

Differences between High School and College Accommodations for Students with Disabilities

Applicable Laws

HIGH SCHOOL	COLLEGE
I.D.E.A. (Individuals with Disabilities Education Act)	A.D.A. (Americans with Disabilities Act of 1990)
Section 504, Subpart D, Rehabilitation Act of 1973	Section 504, Subpart E, Rehabilitation Act of 1973
I.D.E.A. is about SUCCESS	A.D.A. is about ACCESS

Required Documentation

HIGH SCHOOL	COLLEGE
I.E.P. (Individualized Education Plan and/or 504 Plan)	High School I.E.P. and 504 are not sufficient. Documentation guidelines specify information needed for each category of disability.
School provides evaluation at no cost to student	Student must get evaluation at own expense
Documentation focuses on determining whether student is eligible for services based on specific disability categories in I.D.E.A.	Documentation must provide information on specific functional limitations, and demonstrate the need for specific accommodations

Self-Advocacy

HIGH SCHOOL	COLLEGE
Student is identified by the school and is supported by parents and teachers	Student must self-identify to the Office of Disability Services
Primary responsibility for arranging accommodations belongs to the school	Primary responsibility for self-advocacy and arranging accommodations belongs to the student
Teachers approach you if they believe you need assistance	Professors are usually open and helpful, but most expect you to initiate contact if you need assistance

Parental Role

HIGH SCHOOL	COLLEGE
Parent has access to student records and can participate in the accommodation process	Parent does not have access to student records without student's written consent
Parent advocates for student	Student advocates for self

Instruction

HIGH SCHOOL	COLLEGE
Teachers may modify curriculum and/or alter pace of assignments	Professors are not required to modify curriculum design or alter assignment deadlines
You are expected to read short assignments that are then discussed, and often re-taught, in class	You are assigned substantial amounts of reading and writing which may not be directly addressed in class
You seldom need to read anything more than once, and sometimes listening in class is enough	You need to review class notes and text material regularly

Grades and Tests

HIGH SCHOOL	COLLEGE
I.E.P. or 504 plan may include modifications to test format and/or grading	Grading and test format changes (i.e. multiple choice vs. essay) are generally not available. Accommodations to HOW tests are given (extended time, test proctors) are available when supported by disability documentation.
Testing is frequent and covers small amounts of material	Testing is usually infrequent and may be cumulative, covering large amounts of material
Makeup tests are often available	Makeup tests are seldom an option; if they are, you need to request them
Teachers often take time to remind you of assignments and due dates	Professors expect you to read, save, and consult the course syllabus (outline); the syllabus spells out exactly what is expected of you, when it is due, and how you will be graded

Study Responsibilities

HIGH SCHOOL	COLLEGE
Tutoring and study support may be a service provided as part of an I.E.P. or 504 plan	Tutoring DOES NOT fall under Disability Services. Students with disabilities must seek out tutoring resources as they are available to all students.
Your time and assignments are structured by others	You manage your own time and complete assignments independently
You may study outside of class as little as 0 to 2 hours a week, and this may be mostly last-minute test preparation	You need to study at least 2 to 3 hours outside of class for each hour in class

Disability Resources for Students Office

Disability Verification

To be completed by a certifying professional*
(*Medical doctor or other qualified, licensed certifying professional.)

A completed disability verification form is required to determine eligibility for academic adjustments, accommodations and support services for the Clover Park Technical College student named below.

Today's Date	CPTC Student ID#	Date of Birth (mm/dd/yyyy)	
Student's Last Name		First Name	Middle Initial

This section to be completed by a certifying professional

☐ Yes ☐ No Is the above named student currently under your care?

If not, when did you last provide services to this student? _____

Disability is:	<input type="checkbox"/> Observable	Disability is:	<input type="checkbox"/> Permanent/Chronic
	<input type="checkbox"/> Not Observable		<input type="checkbox"/> Temporary; expected duration:

Diagnosis and description of disability(ies):

Prescribed treatments/medications:

Side effects of medication which may affect academic functioning:

DSM IV-R or succeeding equivalent, as appropriate:

Axis I

Axis II

Axis III

Axis IV

Axis V

Impact on Major Life Activities: Please check <u>all</u> that apply							
Activity	Mild	Mod	Severe	Other			
Breathing				Chronic Pain		Easily Fatigued	
Paying Attention				Anxiety		Easily Overwhelmed	
Interacting				Panic Attacks		Impulsive	
Processing				Agoraphobia		Easily Distracted	
Reading				Other:			
Remembering							
Self-Care							
Sitting							
Standing/Walking							
Speaking							
Writing/Fine Motor Skills							
Hearing				db loss:	Left _____	Right _____	
				Comments:			
Vision				Visual Acuity	Left _____	Right _____	
				Field	Left _____	Right _____	
				Comments:			

Please sign below as the certifying professional				
<i>*If someone other than you determined the diagnosis, please include their information below</i>				
Printed Name of Certifying Professional				
Title		License #		
Signature		Date		
Address				
City	ST	Zip		
Telephone (please include area code)		Fax (please include area code)		
*Diagnosis made by (if other than certifying professional please print name & title):				
Address				
City	ST	Zip		
Telephone (please include area code)		Fax (please include area code)		



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Clover Park Technical College
 4500 Steilacoom Blvd SW
 Lakewood, WA 98499-4004

Telephone
 (253) 589-5767

Fax
 (253) 589-5852

Email: DisabilityResources@cptc.edu



Clover Park Technical College
Disability Resources for Students Office

Student Release of Information Authorization

253-589-5767 / disabilityresources@cptc.edu

The office of Disability Resources for Students (DRS) at Clover Part Technical College does not release information contained in your records to family members, other people or agencies without your written concent. If you wish to give permission for another person or agency to have access to your records, please complete this form and submit it to DRS.

(PLEASE USE ONE FORM PER PERSON OR AGENCY)

Student Name (Please Print Clearly)	Student ID Number
Release of Information - <u>FROM</u> Third Party <u>TO</u> DRS Office at CPTC	
I authorize the following person/agency to release and/or discuss the information indicated below to Disability Resources for Students (DRS) at Clover Park Technical College:	
Name of Person or Agency	Contact Phone Number
Contact Person and/or E-mail Address (if applicable)	Fax Phone Number
<input type="checkbox"/> Copy(ies) of Letter of Accommodation (LOA) <input type="checkbox"/> Documentation of Disability <input type="checkbox"/> Other _____	

Release of Information - <u>FROM</u> DRS Office at CPTC <u>TO</u> Third Party	
I authorize Disability Resourcesfor Students (DRS) at Clover Park Technical College to release and/or discuss the information indicated below to the following person/agency:	
Name of Person or Agency	Contact Phone Number
E-mail Address (if applicable)	Relationship
<input type="checkbox"/> Copy(ies) of Letter of Accommodation (LOA) <input type="checkbox"/> Documentation of Disability <input type="checkbox"/> Other _____	

My signature below authorizes this release.

Student Signature: _____

Date: _____



Disability Resources for Students Office
Student Intake Information

Program _____ Today's Date _____

First Name	Middle Initial	Last Name
CPTC Student ID #		Phone (Okay to leave message? (circle one) Yes No
Date of Birth (mm/dd/yy)		E-mail Address <div style="text-align: right;">@students.cptc.edu</div>

Disability Information

Briefly describe any challenges or barriers you face that you feel may impact your education:

Please list any current medication and side effects that could affect your academic success:

Please indicate your disability/ies or health condition (s): MARK ALL THAT APPLY & include diagnosis date (if known)

Sensory	Learning	Speech or Language
<input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Vision Loss or Blind (circle one) <input type="checkbox"/> Blind <input type="checkbox"/> Sensory Processing Issues	<input type="checkbox"/> ADHD <input type="checkbox"/> Specific Learning Disability _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Apraxia <input type="checkbox"/> Dysarthria <input type="checkbox"/> Aphasia <input type="checkbox"/> Other _____
Psychological/Emotional	Mobility	Neurological
<input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Post-Traumatic Stress <input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Other _____	<input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Tourette's <input type="checkbox"/> Other _____
Chronic or Acute Conditions		Other, please describe
<input type="checkbox"/> Cancer <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Immune disorder <input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Cardiac/Cardiovascular <input type="checkbox"/> Asthma or Pulmonary	<hr/> <hr/> <hr/> <hr/>

Please mark all applicable areas that are affected by your disability/ites or health condition		
<input type="checkbox"/> Reading <input type="checkbox"/> Writing Papers <input type="checkbox"/> Handwriting/Fine motor skills <input type="checkbox"/> Computer Keyboarding <input type="checkbox"/> Use of computer screen <input type="checkbox"/> Information processing <input type="checkbox"/> Memory/Information recall <input type="checkbox"/> Reasoning <input type="checkbox"/> Math/Numerical logic	<input type="checkbox"/> Attention/Concentration <input type="checkbox"/> Organization <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Class Participation <input type="checkbox"/> Group participation <input type="checkbox"/> Emotional management <input type="checkbox"/> Endurance	<input type="checkbox"/> Activity restrictions (For example: heavy lifting, walking, standing) <hr/> <input type="checkbox"/> Other <hr/> <input type="checkbox"/> Other <hr/>
What classroom/academic or workplace adjustments/accommodations have you had in the past? 		
General Questions & Other Information		
How did you hear about Disability Resources? 		
What is your educational goal? 		
Are you enrolled in a specific program? If so, which one? 		
Is there anything else you would like to make DRS aware of concerning your medical status and/or educational goals? 		
Mark all that apply to you, if any: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Running Start <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> English Language Program	Mark all that apply to you, if any: <input type="checkbox"/> Client of Division of Vocational Rehabilitation (DVR) <input type="checkbox"/> Client of Division of Social & Health Services (DSHS) <input type="checkbox"/> Client of Division of Labor & Industries (L&I) <input type="checkbox"/> Client of Department of Services for the Blind (DSB) <input type="checkbox"/> Other _____	

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Student Signature: _____ **Date:** _____