



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

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Sarah Addington, Manager of Student Disability Services, 253-589-5755, sarah.addington@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

GETTING READY FOR COLLEGE

High schools and colleges have different ways of supporting students with disabilities. This document is meant to help you understand these differences so you know what to expect. This is not legal advice. If you want information about a specific college's policies, contact their disability services office.

Accommodations from a high school 504/IEP plan do not transfer to college. Students must work with the college disability office to create a new plan.

SKILLS FOR COLLEGE SUCCESS

- ⇒ Being able to name your disability and talk about how it impacts you.
- ⇒ Checking your personal and student email every day.
- ⇒ Getting to class on time, doing homework, and studying without being reminded.
- ⇒ Finding ways to deal with stress and anxiety.
- ⇒ Improving your notetaking skills (or learning to use technology to take notes).
- ⇒ Using an app or paper planner to track, assignments, appointments, and deadlines.
- ⇒ Turning assignments in on time.
- ⇒ Learning where to go for different kinds of help.
- ⇒ Being willing to ask for support when you need it!

An accommodation is a change to the way things are typically done. Accommodations help make sure that students with disabilities have the same chance to participate as any other student.

Accommodations in higher education do not guarantee success.



**Washington Association on
Postsecondary Education and
Disability**

GETTING READY FOR COLLEGE

THE PROCESS

Colleges must have a person or a department that works with students with disabilities. They might be called Disability Services, Access Resources, or something similar. Each school is a little different but you will typically follow the same steps to get support.

1. Fill out an application with the disability department.
2. Schools may ask for a note from a doctor or therapist. This information is often called documentation. A copy of your IEP or 504 plan may also provide helpful information.
3. Meet with disability services to talk about how your disability impacts you. You will be asked questions to help figure this out.
4. Each term, you will work with disability services to notify your instructors of your approved accommodations.
5. If you have a problem with your accommodations, let disability services know right away.

- College accommodations are not special education.
- Accommodations can't change assignments or tests, or let you redo tests.
- All students have to complete the same work.
- In college, there is not special teaching or extra help in the classroom for students with disabilities.
- Assignment extensions are not common in college.

All students, including students with disabilities, have to follow the same rules in college.

YOU'RE IN CHARGE

- ◇ In college, students are adult learners, so colleges will work directly with you, not your parents.
- ◇ Students who want accommodations must contact the disability office. The school will not contact you first.
- ◇ You can give the school permission to share information with your parents by signing a form called a release of information, but the school will still work directly with you.

HELP IS AVAILABLE!

Tutoring, academic mentoring, and talking to teachers during their office hours are ways that all students can get extra support at college.



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: _____

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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
☐ Copy(ies) of Letter of Accommodation (LOA) ☐ Documentation of Disability ☐ 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
☐ Copy(ies) of Letter of Accommodation (LOA) ☐ Documentation of Disability ☐ Other _____	

My signature below authorizes this release.

Student Signature: _____ Date: _____

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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 @students.cptc.edu

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

Please mark all applicable areas that are affected by your disability/ites or health condition		
☐ Reading ☐ Writing Papers ☐ Handwriting/Fine motor skills ☐ Computer Keyboarding ☐ Use of computer screen ☐ Information processing ☐ Memory/Information recall ☐ Reasoning ☐ Math/Numerical logic	☐ Attention/Concentration ☐ Organization ☐ Sitting ☐ Standing ☐ Class Participation ☐ Group participation ☐ Emotional management ☐ Endurance	☐ Activity restrictions (For example: heavy lifting, walking, standing) ☐ Other ☐ Other
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: ☐ Veteran ☐ Active Military ☐ Running Start ☐ Adult Basic Education ☐ English Language Program	Mark all that apply to you, if any: ☐ Client of Division of Vocational Rehabilitation (DVR) ☐ Client of Division of Social & Health Services (DSHS) ☐ Client of Division of Labor & Industries (L&I) ☐ Client of Department of Services for the Blind (DSB) ☐ Other _____	

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 Student Management System for confidential statistical purposes.

Student Signature: _____ **Date:** _____

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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:☐ Observable☐ Not Observable**Disability is:**☐ Permanent/Chronic☐ Temporary; expected duration:

Diagnosis and description of disability(ies):

Prescribed treatments/medications:

Side effects of medication which may affect academic functioning:

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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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