

**REQUEST FOR ACCOMMODATIONS
Physician/Therapist/Caseworker Form**

Documentation is necessary to determine eligibility. This form needs to be submitted with the Request of Accommodations by Student Form. Documentation may include any of the following: Psychological Evaluation, Medical Records, Vocational Rehabilitation Documents, *High School Special Education Records, or other professional evaluations that include the diagnosis (optional but encouraged), functional limitations, and recommendations for accommodations.

***High School Special Education Records (IEP/504s) may be submitted and must list diagnosis. Documentation can be filled out by the school psychologist, school counselor, school nurse, or special education teacher. Please provide information from Psychological Evaluation, Medical Records, Vocational Rehabilitation or other professional evaluations.**

Once a complete application is submitted, the student will be contacted within 5-10 business days with an accommodation plan, or to request additional information.

COMPLETED BY STUDENT

Student Name _____ ID# _____ DOB _____

Date _____ Davis Tech Program _____

Address _____ City, State ZIP _____

Health Care Provider Name & Credentials (**letterhead is required**):

I have submitted a request for a reasonable accommodation to my school under the Americans with Disabilities Act. The law allows my school to conduct an individual assessment of my condition before granting or denying a request for accommodation. Please review your files and respond to the listed questions to assist my school in undertaking that assessment. Attach additional relevant written reports and test scores. Thank you for your time and assistance. *If you have any questions, please contact Student Services, Disability Office at 801-593-2332 or adacoordinator@davistech.edu.*



DAVISTECH
DAVIS TECHNICAL COLLEGE

AUTHORIZATION TO RELEASE STUDENT RECORDS & INFORMATION

To:

I, _____ (*Print Student Name*), hereby authorize the above named physician, counselor, psychologist, vocational rehabilitation counselor, social worker, or other person to furnish and discuss information in their possession that provides a diagnosis and/or description of associated functional limitations and capabilities, as well as any information they have related to past accommodations, recommended accommodations, academic adjustments, or other work on my behalf to the Disability Services Office of Davis Technical College. I also authorize, consistent with state and federal law governing services to students with disabilities, to release information to any person listed above.

A complete photocopy of this authorization shall be accepted as if it were a signed original and is valid throughout my association with the office of disability resources of the above-named college. By signing this release, I represent that I have read the information on this page, understand it and I agree to the authorization.

Please send the requested records and information to the College address listed below or given to myself, the student in-person, mail, or email. No partial reports will be accepted. Must include statement on letterhead.

Davis Technical College
Student Services Disability Services Office
550 East 300 South
Kaysville, UT 84037

Student Signature or Check the

Date

Student Signature Box Option

GUIDELINES FOR DOCUMENTATION OF DISABILITY

To establish that an individual is eligible for accommodations under the ADA (Americans with Disabilities Act of 1990), documentation must indicate that a specific disability exists, and that the disability ***substantially limits*** one or more major life activities. The documentation must support the requested accommodations.

A doctor's note does not provide the information needed to establish eligibility.

The documentation must address the following:

1. A Qualified Professional Must Conduct the Evaluation

The professional's qualifications must include comprehensive training and relevant expertise in the area of the disability; and appropriate licensure/credentials. The name, title, and credentials, as well as the area of specialization, employment, and state/province in which the individual practices, should be clearly stated in the documentation. All reports should be in English and verified by including professional letterhead, dated, and signed by the professional.

2. Documentation To Support the Diagnosis Must Be Comprehensive

The diagnostic report should include the following components:

a. A specific diagnosis (not required)

The report must include a specific diagnosis based on the DSM-V-TR or ICD-10 diagnostic criteria and include the specific diagnostic section in the report with numerical and nominal diagnosis from DSM-V-TR or ICD-10. The evaluator should use definitive language in the diagnosis of a psychiatric disorder, avoiding such wording as "suggested," "has problems with," or "may have emotional problems.

b. A description of current functional limitations in the academic environment

c. Relevant information regarding medications expected to be used during the academic period and the anticipated effect on the student.

d. Information regarding current treatment.

e. A specific recommendation for accommodations with accompanying rationale.

The evaluator must describe the level of impact of the diagnosed disability on a specific major life activity, as well as the level of impact on the individual. A link must be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated academic situation. **Accommodations will be provided only when a clear and convincing rationale is made for the necessity of the accommodation. A diagnosis in and of itself does not automatically warrant approval of requested accommodations.**

5. In your opinion, what accommodations, if any, will enable the student to perform the essential functions of their education? Please indicate how your recommended accommodations will assist in performing those essential functions. You may also use the check boxes below.

These accommodations will cover **Skills Assessment/Admissions** and **Training Program Accommodations**.

Please check all that apply for recommended accommodations requests:

Extra Time on Tests

Calculator

Software Test Reader

Extra Time for Course Work

Speech to Text

Echo/Live Scribe/Note Taker

Private Testing Room
(Main Campus Only)

Braille/Large Print

Specialized Equipment (Large Screens, Special Desk/Chair, etc.)

ASL Interpreter

**Checking boxes does not guarantee all requests will be accommodated.*

Other:

VERIFICATION

Licensed professional's letterhead is required that includes the following:

- Name
- Credentials
- Signature of Qualified Professional
- Date

Please give this information to the student or send the requested information by fax (801-593-2332), email: adacoordinator@davistech.edu or by mail to Student Services, Disability Services Office, 550 E 300 S, Kaysville, UT 84037

I hereby declare that the above made statements are true to the best of my knowledge and belief.