

Are you currently employed? Yes No
If Yes, number of hours per week: _____

What is your disability? Please be as specific as possible.

Does your disability impact your ability to see? Yes No
If yes, please describe: _____

Does your disability impact your ability to hear? Yes No
If yes, please describe: _____

Does your disability impact your ability to speak? Yes No
If yes, please describe: _____

Does your disability impact your ability to walk? Yes No
If yes, please describe: _____

Does your disability impact your ability to breath? Yes No
If yes, please describe: _____

Does your disability impact your ability to work? Yes No
If yes, please describe: _____

Does your disability impact your ability to care for yourself? Yes No
If yes, please describe: _____

Does your disability impact your ability to learn? Yes No
If yes, please describe: _____

Do you require handicap parking? Yes No

Did you receive any services for your disability while in high school?
If yes, please describe: Yes No

All students are required to provide documentation of their disability. Each person and each disability is unique; however, there are general guidelines that Disability Services utilize to determine if a student has a disability according to Section 504 and the ADA definition of disability. This documentation is also utilized by Disability Services to assist in providing reasonable and appropriate accommodations. Typically, high school 504 Plans or Individualized Education Plan (IEP) are not sufficient documentation for the provision of accommodations.

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 a 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.

For disabilities involving learning (such as learning disabilities, ADD or ADHD, traumatic brain injuries and most psychiatric disabilities) a full psycho-educational test battery needs to be included in the document.

Statement of Agreement:

I understand that the staff of Disability Services at The University of South Dakota may have access to my file maintained at Disability Services, as well as to academic and other records of the University. I further understand that in order to meet my educational needs, it may be necessary for Disability Services to contact other campus departments and disclose personal information about me. By completing this form, I consent to such disclosure Disability Services.

Signed: _____ Date: _____

Printed Name: _____

Statement of consent to share information:

I give Disability Services at the University of South Dakota permission to share information with the following. (Please circle all that apply)

- | | |
|-----------------|---------------------------|
| Parents | Therapist |
| Legal Guardians | Counselor |
| Spouse | Vocational Rehabilitation |
| Physician | Other: _____ |

I do not give Disability Services permission to share my information with the following:

Signed: _____ Date: _____

Printed Name: _____

Comments: _____

