

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
DISABILITY SERVICES OFFICE**

ACCOMMODATIONS REQUEST

Date: _____

Student: _____ ID#: _____

Students with disabilities are eligible for reasonable accommodations per Section 504 of the Rehabilitation Act of 1973 and the ADA of 1990. Accommodations provide equal opportunity to obtain the same level of achievement while maintaining the standards of excellence of the university. Confidential, qualifying documentation for this student is either on file in our office or being processed. Please call ext. 8089 if you have any questions. Thank you for your cooperation in responding to the needs of this student.

ACCOMMODATIONS: The instructor has the right to challenge any accommodation that would fundamentally alter the nature and standards of the course.

MODIFIED TESTING

- _____ Extended time
- _____ Non-distracting environment
- _____ Oral exam
- _____ Verbatim text reader
- _____ Scribe
- _____ No Scantron

Other

- _____ Note taking
- _____ Interpreter
- _____ Extended time for assignment completion

ADAPTIVE TECHNOLOGY

- _____ Computer/word processing
- _____ Spell checker
- _____ Calculator
- _____ Tape recorder

TEMPORARY MEDICAL

PHYSICAL ENVIRONMENT

- _____ Preferential seating
- _____ Alternative chair/table
- _____ Opportunity to stand or move about

SPECIAL ARRANGEMENTS

Student

Date

UNIVERSITY OF ARKANSAS AT PINE BLUFF
Disability Services Office
1200 North University Drive
Mail Slot 4949
Pine Bluff, AR 71601
870-575-8089
870-575-4618 (Fax)

REQUEST FOR RELEASE OF INDIVIDUAL EDUCATION PLAN

I, _____

ID# _____

Authorize _____

Physician

Address

To forward a copy of my Individual Education Plan to:

Mr. Michael Bumpers, Director
Disability Services Office
University of Arkansas at Pine Bluff
1200 North University Drive
Mail Slot 4949
Pine Bluff, AR 71601

I understand that this release expires sixty (60) days from the date, which appears below.

Signature of Client

Date

University of Arkansas at Pine Bluff
Disability Services Office
Caldwell Hall, Room 208

Entering Golden Lion Country:

- ✓ Contact Disability Services Office to schedule an appointment to meet with Mr. Michael Bumpers preferably 4 to 6 weeks before you register for classes, to discuss documentation requirements.
- ✓ Provide documentation of your disability to Disability Services Office. The documentation must be from a licensed physician and verify your eligibility as a person with a disability and support your need for requested academic adjustments, accommodations, or auxiliary aids. **Individualized Education Plan (IEP)** used in secondary education is not considered acceptable for higher education, but can be used as supporting documentation.
- ✓ Once a request has been approved, on a case-by-case basis, then the student will be informed of how to access the service.
- ✓ Students are encouraged to register during early registration. The sooner you are registered the earlier Disability Services Office can assist and prepare your Accommodations Request Form.
- ✓ Request for alternative print formats (Braille, large print, audio text, text on CD), interpreters, and adaptive technology need to be made a minimum of two months before the beginning of classes in order to receive services in a timely manner. Braille materials may take as much as 6 months or longer to produce.
- ✓ Requests for other academic accommodations (e.g.: adapted testing, note taker assistance, tape recording lectures, laboratory assistance) should be made as needed.
- ✓ The student must make requests for academic adjustments or accommodations each semester.
- ✓ Consider asking about time management and study strategies for college students from the Disability Services Office.
- ✓ Communication with the Office of Disability Services and your professors is essential in providing you with access to our educational programs.

- ✓ Early contact with the Office of Disability Services will provide for a smoother transition in obtaining needed services in a timely manner.

Contact Information:

Disability Services Office
1200 N. University Avenue, Mail Slot 4949
Caldwell Hall, Suite 208
Pine Bluff, Arkansas 71601

Michael Bumpers, Director
870-575-8089
bumpersm@uapb.edu

University of Arkansas at Pine Bluff
Disability Services Office
Michael Bumpers, Director
bumpersm@uapb.edu
(870) 575-8089
(870) 575-4618 (Fax)

DISABILITY SERVICE GUIDELINES

Congress passes Section 504 of the Rehabilitation Act in 1973. It is a civil rights statute designed to prevent discrimination against individuals with disabilities.

No otherwise qualified individual with disabilities
In the United States...shall, solely by reason of
His/her disability, be excluded from the participation
In, be denied the benefits of, or be subjected to discrimination
under any program activities receiving federal financial assistance.

An institution of Higher Education must provide a student academic adjustments to ensure that she/he receive an equal opportunity to participate.

STUDENT ACCOUNTABILITY

The student has an obligation to self-identify that she/he has a disability and need accommodation. UAPB will require that the student provide appropriate documentation, at the student's expense, in order to establish the existence of the disability and the need for accommodation. Documentation should be mailed to our office.

ACCOMMODATIONS

Students' documentation should list their needs. The students ask only for accommodation stated in reports, other accommodations may be provided each semester depending on academic needs. The needs list should be mailed to our office.

SERVICES

We (UAPB) will provide reasonable accommodations to the student's known disability in order to afford him/her equal opportunity to participate in the institution's programs and activities.

- Substitution of non-essential courses for degree requirements
- Additional time to complete course work
- Adaptation of course instruction
- Priority seating, testing and classes
- Priority registration
- Institutional membership with Recording for the Blind (RFB&D)
- Tape recorders
- Assisting in help finding note taker

- Counseling Referral
- Tutorial Referral
- Note-takers
- Readers
- Assistance with time management and study skills
- Non-distraction environment
- Advocacy and liaison between faculty and student
- Assistive technology (calculator, word processor)
- Other accommodations as deemed necessary by documentation

ADMISSIONS

Student should have his or her documentation from a clinical Psychologist, Physician, Vocational Evaluation, or etc., office records. The report should be no more than three (3) years old. All documentation should be sent to:

University of Arkansas at Pine Bluff
Disability Services Office
1200 North University Drive
Mail Slot 4949
Pine Bluff, Arkansas 71601

UAPB DISABILITY SERVICES OFFICE

**PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY
DOCUMENTATION REQUEST FORM**

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND BE TYPED OR PRINTED IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH THE OFFICE OF DISABILITY SERVICES.

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

This student is requesting service, academic adjustment, and/or other accommodations from Disability Services Office. In order to consider this request, as well as to ensure the provision of reasonable and appropriate services, University Policy requires that a Qualified Professional provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM THE OFFICE OF DISABILITY SERVICES.**

The documentation provided must include information that diagnosis a physical or systemic (medical) disability, describes in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects that may impact academic performance.

If it is a visual disability, the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to **UAPB, Disability Services Office.**

1. Diagnosis _____

2. Date of Diagnosis: _____ Date of last contact with student _____

If the problem associated with the condition are temporary, how long will the problems last?

3. Describe the student's functional limitations in an education setting: _____

4. List current medication along with any current side-effects that may impact academic performance:

5. If there are flare-ups or episodes of the disorder, how often do they occur and how long do they last?

6. How would you rate the severity on a scale of 1 (very mild) to 10 (very severe)? _____

7. Does the disability directly affect ability to attend class regularly? If so, why and how often? _____

8. Recommended accommodations for student disability: _____

Qualified Professional's Signature: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

Please return this form to:

University of Arkansas at Pine Bluff

Disability Services Office

1200 North University Drive

Mail Slot 4949

Pine Bluff, Arkansas

Phone: 870-575-8089 or 870-575-8552

Fax: 870-575-4618

**PSYCHOLOGICAL DISABILITIES – FUNCTIONAL LIMITATIONS FORM
UNIVERSITY OF ARKANSAS AT PINE BLUFF
DISABILITY SERVICES**

Name: _____ ID#: _____ DOB: _____

This individual has self-disclosed the following disability or disabilities:

In order to provide appropriate accommodations designed to give the student equal access in the university setting, we need to know how the disability impacts functioning in this setting.

DSM IV Name and Diagnostic Code

Axis I: _____
Axis II: _____
Axis III: _____

Axis IV: _____
Axis V: _____
Date diagnosed: _____ last visit: _____

1. Please check which of the following, if any, are affected significantly enough to have a negative impact in a higher education setting.

____ Expression – oral	____ Reception – auditory	____ Perceptual distortions
____ Concentration	____ Expression – written	____ Reception - written
____ Delusions	____ Working in group's	____ Time management/organization

Please explain further if perceptual distortions or delusions occur: _____

2. Does the disability significantly directly affect ability to attend class regularly? If so, why?

3. Does the disability cause a threat to safety of self or others? If so, in what way?

4. What medications does this individual take regularly, and what side effects do these have that might significantly impact education? _____

5. If the diagnosis includes a phobic response to exams, is it to such an extent that the student would not be able to demonstrate knowledge on an exam administered normally? ____ Yes ____ No _____

6. Please rate severity of the disability on a scale of 1 (very mild) to 10 (very severe)? _____

7. Is the condition chronic? ____ Yes ____ No if no, expected recovery time: _____

Please attach your diagnostic report, including test scores, and other relevant information.

Signature of diagnosing professional: _____ **Date:** _____

Professional license and number: _____