



How Do I Request ADA Services?

Initial Contact to Self-Identify

There is an established procedure for arranging disability-related accommodations and services at New River CTC. Close adherence to this process will ensure a timely response to your request. Students are asked to abide by these requests to ensure services are in place by the time classes start.

Students needing classroom accommodations and services need to "self-identify" to the College as a student with a disability. To self-identify you simply contact the Educational Counselor in the Student Success Center to get the application paperwork and arrange an in-take appointment with the ADA Coordinator to discuss your needs. You will need the completed form and supporting documentation to schedule an intake appointment with the ADA Coordinator.

Intake Appointment

You will be expected to present official documentation of your disability at this meeting. The ADA Coordinator and Educational Counselor will share information about ADA services, answer your questions, and go over your application. In addition, the College needs details about the following:

- How your disability impacts one, or more, "Major Life Activities." Major Life Activities include: walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.
- How your disability impacts you in the educational setting.
- The types of accommodations/services you have received in the past and how those accommodations/services enabled you to overcome barriers to access.

The ADA coordinator will review and collect any additional information needed about you during the intake appointment. In cases where documentation is **found to be insufficient**, the student will be required to seek additional evaluation and/or clarifying information from the evaluator/medical provider. The **student is responsible for all costs** associated with obtaining the reports, examinations, tests, etc.

Note: Some accommodations/services require more time to arrange than others. Therefore, the ADA Coordinator requests that you submit your request for services as soon as you can (30 days prior to the beginning of the semester, if possible). While failure to submit your request in a timely manner will not impact eligibility decisions, it may result in a delay in services.

www.newriver.edu

**Greenbrier Valley
Campus**
101 Church Street
Lewisburg, WV 24901
304.647.6560
304.647.6561 Fax

**Mercer County
Campus**
1001 Mercer Street
Princeton, WV 24740
304.425.5858
304.425.0860 Fax

**Nicholas County
Campus**
6101 Webster Road
Summersville, WV 26651
304.872.1236
304.872.3587 Fax

**Raleigh County
Campus**
280 University Drive
Beaver, WV 25813
304.929.5450
304.929.5462 Fax

**Central
Administration**
280 University Drive
Beaver, WV 25813
304.929.5445
304.929.5478 Fax

General Documentation Guidelines

In most cases, in order to be determined eligible for ADA accommodations, an enrolled student with a disability or chronic medical condition should present documentation in the form of a letter containing information describing the student's current level of functioning within and outside of the academic setting.

This **documentation** should be submitted by a professional who is licensed/certified in the area for which the diagnosis is made and who is not related to the student. The report must be presented on official letterhead and signed by the examiner. Examples of qualified professionals for different disability areas include:

- For deaf or hard of hearing, a licensed audiologist.
- For blind or low vision, a licensed ophthalmologist.
- For cognitive disabilities, a licensed psychologist.
- For physical disabilities, a licensed medical doctor that specializes in that particular physical disability.

Information for the Physician

Although this is not intended to be a template, we request that the following information be included in the letter:

- Diagnostic statement identifying the disability (ICD-DSM classification).
- Description of the diagnostic methodology used, including all data from appropriate instruments of evaluation. Information based on "screening" instruments is not acceptable. Copies of these tests/reports **are not** required.
- The letter should contain a discussion and evidence of impact as it relates to the actual achievement (or lack thereof) for the current time period and during the past year (indicate any accommodations and/or services provided).
- Recommendations for accommodations/services. Please note that any recommendations should be directly linked to the impact of the disability and associated issues (ex: medication) and not simply to the diagnosis.
- Expected progression or stability of the medical condition/disability.
- Medication - mitigation of impact and/or (expected) side effects.
- Co-morbid conditions - if multiple diagnoses are present, please indicate the primary and secondary conditions and how each affects learning. Submit the letter to: *ADA Coordinator, New River Community and Technical College, 280 University Drive, Beaver WV 25813*

Temporary Medical Conditions

Some medical conditions or disabilities are temporary (ex: a broken hand) and may only require accommodations for a limited time. Each case is considered individually.

Insufficient Documentation

In cases where documentation is **incomplete or out of date**, the student will be required to seek additional evaluation and/or clarifying information from the evaluator/medical provider regarding the documentation. The documentation should be no older than three years. The **student is responsible for all costs** associated with obtaining any and all required documentation.

Since the requirements for access in higher education are different than those for high school, the **Individual Educational Plans (IEP's), 504 Plans, and Summary of Performance (SOP) are not sufficient** documentation to establish that the student is eligible for services and accommodations.

In most cases documentation consisting only of a **diagnosis, case or chart notes, and/or prescription pad** notations is **insufficient** to determine the impact of a medical condition/disability, to address the issue of substantial limitations, and to determine reasonable accommodations.

If a student leaves New River CTC for **any reason**, upon being readmitted he or she will be asked to submit updated documentation prior to receiving accommodations and/or services. In addition, since the students class schedule changes each semester, it is the student's responsibility to contact the Educational Counselor to start the process of new faculty notification memos.



Federal Law prohibits New River CTC disability services from making inquiries about disabilities. In order to provide these services, it is required by Federal Law for students with documented disabilities to identify themselves to the College. The ADA Coordinator requests you make your request for classroom accommodations in a timely manner. Please be advised that any information you provide is strictly voluntary and will be confidential unless you specifically ask we share your information with other parties.

In order to expedite your request for classroom accommodations at New River CTC, we ask that you complete the following information and return this form along with the proper disability documentation to the Educational Counselor in the Student Success Center.

Name: _____
(Last Name, First Name, Middle Initial)

Student ID#: _____ **Date of Birth:** _____

Gender: Male Female

Mailing Address:

Street/P.O. Box: _____

City, State, Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

College Email Address: _____

Program of Study: _____

Please answer the questions below and on the next page by checking the appropriate response:

Have you requested Disability Services in the past? ___Yes ___No

If yes, when? _____

Please read carefully the following statement:

All requests for classroom accommodations/services must be supported by official documentation that includes a diagnosis of a disabling condition. An individual is considered to have a disability if she/he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include: seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for one's self, and working.

Based on the definition on the previous page, do you have a disability that substantially limits one or more major life activities? ____yes ____no

What is the nature of the disability? (Check all that apply.)

<input type="radio"/> Physical/Mobility	<input type="radio"/> Deaf/Hard of Hearing	<input type="radio"/> Blindness/Visual Impairment
<input type="radio"/> Psychiatric	<input type="radio"/> Learning Disability	<input type="radio"/> ADD/ADHD
<input type="radio"/> Speech/Language	<input type="radio"/> Traumatic Brain Injury	<input type="radio"/> Other _____

What major life activity is involved? (Check all that apply.)

<input type="radio"/> Cognitive Ability	<input type="radio"/> Physical Activities
<input type="radio"/> Math	<input type="radio"/> Walking
<input type="radio"/> Reading	<input type="radio"/> Talking/Speaking
<input type="radio"/> Writing	<input type="radio"/> Other:

How will the disability affect you in the classroom? (Please be specific and provide examples.)

Please read and sign below:

- ❖ It is the student’s responsibility to “self-identify” by making the disability known and to provide proper documentation from the appropriate professional describing a diagnosis, functional limitations, and reasonable recommended academic accommodations.
- ❖ It is the student’s responsibility to request these accommodations in advance before each semester he/she attends New River Community and Technical College.
- ❖ The student understands that academic accommodation aids are not automatically granted.

My signature certifies that the information provided to New River Community and Technical College is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my request for ADA services. My failure to follow these guidelines may result in a delay or interruption of ADA services.

Student’s Signature

Date

Parent/Guardian Signature for students under 18 years of age

Date

Please return this completed form along with supportive documentation to the Educational Counselor on your campus. A meeting will be established with you, the Educational Counselor and the ADA Coordinator to establish your accommodations if any.

Please be advised that your classroom accommodations become effective only after all materials are submitted and approved and a letter outlining accommodations has been received by your instructors.