

University Diversity & Inclusion Office



REGISTRATION PACKET FOR ACCOMMODATIONS

INSTRUCTIONS

The attached forms include:

- ⑥ Statement of Accommodations: describes University Diversity & Inclusion Office mission, how to register and to request services.
- ⑥ Service Request Form: complete this form to register for services, return it to our office at your earliest convenience and schedule an appointment with a staff member of University Diversity & Inclusion Office.
- ⑥ Disability and Assessment Form: print your name and Washburn Identification Number (WIN) on the form, give it to your medical professional to complete the rest of the form and return it to us (address and/or email is shown on the form).
- ⑥ OR, you may contact the disability provider at the school you previously attended and request they forward and/or scan your documentation and information on accommodations to diversity.inclusion@washburn.edu.

First-time registration:

- ⑥ Complete the (pink) initial Service Request Form and submit to University Diversity & Inclusion Office.
- ⑥ Submit disability documentation to University Diversity & Inclusion Office.
 - ⑥ Provide Disability Assessment Form to medical professional, or
 - ⑥ Contact disability provider at school you previously attended and request documentation, or
 - ⑥ Provide a copy of any current documentation to University Diversity & Inclusion Office; a determination will be made whether additional documentation or information is needed.
- ⑥ Schedule appointment with University Diversity & Inclusion Office Staff to review request, classes and accommodations.

Renew registration for upcoming semester:

- ⑥ Complete the relevant Service Request Form and submit it to University Diversity & Inclusion Office.
- ⑥ If there are any changes to your disability and/or accommodations, submit updated documentation to University Diversity & Inclusion Office.



University Diversity & Inclusion Office
1700 SW College, Morgan Hall, Suite 105
Topeka, KS 66621
(785)670-1629

diversity.inclusion@washburn.edu

Statement of Accommodations

Washburn University prohibits discrimination on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu

The University Diversity & Inclusion Office is responsible for assisting in arranging accommodations and for identifying resources on campus for persons with disabilities. Qualified students with disabilities must register with the office to be eligible for services. University Diversity & Inclusion Office MUST have current documentation on file in order to provide services. New requests for accommodations must be submitted two months or more prior to the date services should begin; however, contact University Diversity & Inclusion as soon as a need may arise.

University Diversity & Inclusion Office coordinates and provides services it deems appropriate for each eligible student. Among services which have been provided are:

- Liaison to faculty, staff, administration, community agencies.
- Classroom interpreting services.
- In-class notetakers.
- Brailled and/or large print materials.
- Test reader/scribe services for examinations.
- Tutoring referral to established campus programs.
- Assistive technology (training provided).

PROCEDURE FOR SERVICE REQUESTS

1. Voluntary disclosure by the student of the disabling condition(s). This may be initiated by calling Student Services at 785-670-1629 or writing to the Director.
2. Current documentation from medical or other appropriate professionals MUST be on file with this office prior to consideration of requested accommodations. Two options are available (choose one):
 - a) Provide documentation on official letterhead. Include description of the disability (testing information and diagnosis within past 3-5 years), how the disability affects the student's academic performance, and suggested accommodations, if possible.
 - OR** b) Provide documentation by requesting a medical/other appropriate professional to complete the Disability and Impairment Assessment Form available in our office.

3. Complete a Service Request Form each semester. Depending on the accommodation request, four to eight weeks lead time may be needed for timely and effective provision of services.
4. Schedule a personal interview between the student and the Director and/or other designee. This interaction is essential as University Diversity & Inclusion needs to receive background information from the student and discuss potential appropriate accommodations. Following the interview, the Director will evaluate and determine reasonable accommodations.
5. The student will be informed by e-mail to pick up accommodation letters within three business days.
6. Student is responsible for meeting with professors, providing letter from Student Services, and discussing accommodation arrangements.

As stated in the federal regulations, the burden of costs for accommodations is not necessarily a student obligation. However, before Washburn funds accommodations, the student should contact state vocational rehabilitation agencies and other private organizations to explore financial assistance. When alternative funding is not secured, the university generally has allocated funding for reasonable accommodations.

Examples of accommodation arrangements:

1. Visually Impaired - Textbooks may be received via e-mail in Microsoft Word or PDF format depending on student need. Textbook information must be submitted at least one month prior to the start of the semester; however, contact University Diversity & Inclusion Office as soon as a need may arise.
2. Hearing Impaired - Interpreter services, when available, can be provided up to one hour per week, per credit hour of class. If a qualified interpreter is hired, efforts will also be made to secure a volunteer notetaker. In the event that an interpreter cannot be secured, the University may hire a notetaker for an average of one hour per week, for each credit hour of class.
3. Learning Disabled - Accommodations provided based on assessment of each individual's needs.
4. Testing Accommodations - Testing accommodations must be scheduled at least five work days prior to test; test scheduling forms are available in the Student Services Office, Morgan Hall, Suite 105.
5. Other Conditions - Accommodations will be determined on an individual basis following an interview between the student and Director. NOTE: The above list includes examples of accommodations. The University reserves the right to provide assistance to meet specific individual needs.

APPEAL PROCEDURE

The Director is authorized by Washburn University to provide reasonable accommodation at his/her discretion. Should the student disagree with the recommendation of accommodations, he/she may appeal in writing to a committee including the Associate Vice President of Student Life and the Equal Opportunity Director. The committee will meet with the student as soon as practicable. Final determination of the accommodation(s) will be implemented by the committee.



SERVICE REQUEST FORM

University Diversity & Inclusion Office
1700 SW College,
Morgan Hall, Room 105
Topeka, KS 66621
(785) 670-1629
diversity.inclusion@washburn.edu

OFFICE USE ONLY	
Received:	
Added to SRF List	
1	2 3
	<input type="checkbox"/>

I plan to attend Washburn during the _____ semester of 20____.
(Spring/Summer/Fall) (Year)

Name _____ SSN _____
 (First) (MI) (Last) WIN _____
 Address _____ Home Phone - -
 Street Address Work Phone - -
 City State Zip Cell Phone - -
 Washburn Email _____@washburn.edu Type of Disability _____

I plan to live on campus I have an off campus clinical/practicum/internship for the upcoming semester.
(4-8 weeks advance notice is needed to provide accommodations)

In an emergency, please call _____ at _____
Name Telephone number
Person's relationship to you _____

Degree/Major (if decided) _____ WU Advisor _____

Current documentation must be on file in order to provide services. On File ____ Received ____ Requested ____

Documentation may include:

- ___ Disability Assessment Form ___ Psychoeducational Evaluation ___ Medical Records
- ___ Statement of Diagnosis ___ Audiogram ___ Other _____

Do you qualify for Vocational Rehabilitation? ___ Yes ___ No ___ Applied

If yes, who is your counselor? _____

Address _____ Phone(____) _____

* * * * *

Requests for accommodations must be submitted at least two months prior to the date services should begin.

Please circle/check the accommodation(s) you believe you will need.

1. Permission to Tape Record Lectures
2. In-Class Notetaker
3. Sign Language Interpreter
4. Brailled Items
5. Large Print for Syllabi, Quizzes/Tests, Handouts
6. Table and/or Chair in Classroom
7. Texts in Alternate Format (must provide Alternate Form for each text 3-4 weeks in advance of your need).
8. Other _____
9. Test Accommodations
 - ___ Extended Test Time
 - ___ Distraction-Reduced Environment
 - ___ Test Reader/Scribe
10. Assistive Technology (training required)
 - ___ OPENBook Reader
 - ___ JAWS (Screen Reader)

Accommodations are arranged on an individual basis. Please list **each course** for which you are **requesting accommodations** and list the specific accommodation(s) desired for that course. University Diversity & Inclusion Office will prepare a letter for each instructor. **When your accommodation packet is ready, you will be notified through your Washburn email to come pick it up within three business days. If not picked up, your file becomes inactive.**

COURSE #/SECT	CRN	COURSE TITLE	DAY/TIME	BLDG/RM	INSTRUCTOR	ACCOMMODATIONS
Example: AS101 A	13211	Intro/Astronomy	TR/ 9:30-10:45	HC/304	Faculty Name	# 3 and 6

I know it is my responsibility to make an appointment with each of my instructors and to discuss my accommodation requests. If I am having difficulty with accommodations or am changing my schedule, it is my responsibility to notify University Diversity & Inclusion Office as soon as possible.

Student Signature
Date

<p>For office use only:</p> <p><input type="checkbox"/>R <input type="checkbox"/>A <input type="checkbox"/>N <input type="checkbox"/>AT <input type="checkbox"/>F <input type="checkbox"/>B <input type="checkbox"/>H <input type="checkbox"/>L <input type="checkbox"/>E</p> <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>	<p>Date emailed Student: _____ Date picked up packet: _____</p> <p>Student Signature: _____ Date: _____</p> <p>Date emailed Prof(s): _____</p>
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University Diversity and Inclusion

Re: Disability and Impairment Assessment Form

Dear Student:

Washburn University and Washburn Institute of Technology provides disability-related accommodations in compliance with the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973.

To request a reasonable accommodation in order to allow you to participate in, and have access to, the program benefits and services of your education, contact the Assistant Director by telephone at (785)670-1629 or email at kim.sturgeon@washburn.edu. The Assistant Director will arrange a meeting to engage you in a cooperative process to determine what, if any, accommodations are necessary in allowing you access to program benefits and services.

Prior to the meeting you should take this form to your healthcare provider along with your course syllabus or program information. For help in obtaining your course syllabus or program information, contact the Assistant Director. Upon receipt of the information from your healthcare provider the Assistant Director will arrange a meeting with you to discuss possible accommodations. The Assistant Director will determine what, if any, reasonable accommodations are necessary and effective in allowing you access to program benefits and services.

Please have the appropriate health care professional complete the following assessment form and provide any additional information relevant to this request. The assessment form will need to be signed, dated and returned to the Assistant Director for review.

Should you have any additional questions or concerns, please contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Sturgeon", written over a circular scribble.

Kimberley N. Sturgeon
Assistant Director
University Diversity and Inclusion



University Diversity and Inclusion

DISABILITY AND IMPAIRMENT ASSESSMENT FORM

Patient Name (Please print)

WIN (Please print)

1.What is the medical/DSM-5 diagnosis (list all that apply):

2.Date of original diagnosis:

3.Date of patient’s last evaluation:

4. Using the chart below, please check any major life activities substantially affected as a result of the disability and/or impairment and explain the limitations.

Table with 4 columns: Life Activity, Yes, No, Functional Limitation on the Major Life Activity. Rows include activities like Breathing, Caring for oneself, Concentrating, etc.



University Diversity and Inclusion

5. How does the condition/impairment affect work performance (refer to the position description)?

6. What accommodations do you recommend **and** how do these accommodations relate to the impact of the disability and/or impairment?

6. Additional comments:

Health Professional's Information:

Name (Please print) _____

Type of practice/Medical specialty: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

(Signature of Health Professional)

(Date)

Please return this form to:
Assistant Director of University Diversity and Inclusion
Washburn University, 1700 SW College Ave, Topeka, KS 66621
Fax: 785-670-1056 Phone: 785-670-1629

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