



Disability Services

3201 Campus Drive, LRC 228 ♦ Klamath Falls, OR 97601
541-851-5227 Voice ♦ 541-885-1072 Text ♦ 541-885-1126 Fax

Student Guidelines for Documenting a Disability

Disability Services provides opportunities for equal access in college programs, services, and activities, for it is recognized that the Oregon Tech community is enriched through the contributions of all its members.

In keeping with Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990 (ADA), and the Americans with Disabilities Amendments Act of 2008 as Amended, Oregon Tech is committed to providing appropriate and academic adjustments and auxiliary aids that best insure access and opportunity to demonstrate competency to individuals with disabilities.

In order to effectively arrange accommodations and auxiliary aids, Disability Services requires students to engage in a determinative process. You must attempt to meet with a representative of the Disability Services office (a phone interview may be conducted if distance or circumstances make an in-person interview impossible), complete a formal request for services, review the functional limitations and educational impact of your disability, and you may be required to submit supplemental documentation to support your request.

If required, supplemental documentation of disabilities may be prepared by an appropriate healthcare, mental health, or educational professional using the Professional Documentation of a Disability Form, an official psychoeducational report, or in a letter on letterhead. Regardless of form, the document should address the following points:

- 1) A statement identifying your impairment(s), including a specific diagnosis.
- 2) A description of how your disability is likely to impair your functioning in the academic and/or physical environment at Oregon Tech.
- 3) Specific recommendations for appropriate auxiliary aids; academic accommodations such as access to books on tape, reader services, notetakers, and alternative testing arrangements; or accommodations such as special housing or meal requirements. Submission of a high school IEP or Section 504 Plan is typically not independently sufficient to establish the existence of a disability or accommodation recommendations at an institution of higher education. Oregon Tech, in consultation with the student, will make the final determination on the provision of auxiliary aids or other accommodations.

Please send supporting documentation to:

Disability Services – Klamath Falls
Oregon Tech
3201 Campus Drive, LRC 228
Klamath Falls, OR 97601-8801
FAX (541) 885-1126

Disability Services - Wilsonville
Oregon Tech
27500 SW Parkway Ave
Wilsonville, OR 97070
FAX (503) 821-1305

A representative from Disability Services will be in touch after your supplemental documentation has been received to schedule a follow-up meeting to review it with you and determine what accommodations and auxiliary aids are most appropriate for you.



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Student's full name (please print): _____

Date of birth: _____ Phone: _____

I, the above named student, have contacted Oregon Tech with an interest in determining if I am eligible for accommodations related to a disability. I authorize the release of the following information to Oregon Tech Disability Services for the purpose of determining my eligibility for accommodations.

Student Signature: _____ Date: _____

Professional Guidelines for Documenting a Disability

To ensure the provision of appropriate accommodations, Oregon Tech may require supplemental documentation of a student's disability from an expert evaluator. Please fill in the requested information below; attach additional pages if necessary.

Copies of relevant evaluations, examinations and/or treatment records may be included if they can assist Disability Services in accurately assessing the student's eligibility for services and academic adjustments/aids.

About documentation of learning disabilities:

Documentation for learning disabilities should include test scores/data from a comprehensive testing assessment (e.g. more than one tool). This testing assessment should include the use of standardized testing in the domains of aptitude, achievement, and information processing. If the information requested on this form is contained in the context of a psychoeducational report, then this form need not be completed; just forward the psychoeducational report to our office.

Please return this completed form to:

Disability Services – Klamath Falls
Oregon Tech
3201 Campus Drive, LRC 228
Klamath Falls, OR 97601-8801
FAX (541) 885-1126
TTY 541-885-1072

or

Disability Services - Wilsonville
Oregon Tech
27500 SW Parkway Ave
Wilsonville, OR 97070
FAX (503) 821-1305

If you have any questions regarding our requirements, please contact our office.

Name of Provider: _____

Agency: _____

Address: _____

Phone: _____

1. Diagnosis: _____
2. Date of most recent assessment: _____
3. Test results/clinical observations in support of the above diagnosis: _____

4. To the best of your ability, please describe the student's functional limitations in an educational setting? (If possible, please be specific to the student's program at Oregon Tech.)

5. Are these functional limitations likely to change? Yes No

Recommended Reassessment Date (If any): _____

6. Please provide any suggestions regarding how we can best accommodate this student's disability-related impairment (e.g., testing accommodations, specialized software, books-on-tape, etc.).

7. Please include any comments or other information, including additional testing results, which may help us determine the most appropriate assistance for this student.

8. Please describe your relationship with the above-named individual (e.g., physician, therapist, evaluator, etc.) and the duration of your relationship.

I certify the above information to be correct.

Signature of Provider

Title

Date