

## PERSONAL INFORMATION

**Student Signature**

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

**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. 8512 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**  
**Office of Disability Services**  
**1200 North University Drive, Mail Slot 4949**  
**Pine Bluff, AR 71601**  
**870-575-8552**  
**870-575-8516 (Fax)**

**REQUEST FOR RELEASE OF INDIVIDUAL EDUCATION PLAN**

**I, \_\_\_\_\_**

**SS# \_\_\_\_\_**

**Authorize \_\_\_\_\_**  
**Physician**

\_\_\_\_\_  
**Address**

**To forward a copy of my Individual Education Plan to:**

**Mr. Ray Watley, Director**  
**Office of Disability Services**  
**University of Arkansas at Pine Bluff**  
**Mail Slot 4949, 1200 North University Drive**  
**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**  
**Office of Disability Services**  
**Entering Golden Lion Country:**

- ✓ Contact the Office of Disability Services to schedule an appointment to meet with Mr. Ray Watley preferably 4 to 6 weeks before you register for classes, to discuss documentation requirements.
- ✓ Provide documentation of your disability to the Office of Disability Services. 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 Office of Disability Services 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, and 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 Office of Disability Services.

- ✓ 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:**

Office of Disability Services  
1200 N. University Drive, Mail Slot 4949  
Caldwell Hall, Suite 106  
Pine Bluff, Arkansas 71601

Ray Watley, Director  
870-575-8552  
[watleyrc@uapb.edu](mailto:watleyrc@uapb.edu)

University of Arkansas at Pine Bluff  
Office of Disability Services  
Ray Watley, Director  
[watleyr@uapb.edu](mailto:watleyr@uapb.edu)  
(870) 575-8552

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## **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
  - Taped lectures
  - Assistance with time management and study skills
  - Non-distraction environment
  - Taped Texts
  - Reduced course load
  - 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., for our 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  
Office of Disability Services  
1200 North University Drive  
Mail Slot 4949  
Pine Bluff, Arkansas 71601

## UAPB OFFICE OF DISABILITY SERVICES

### 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 the Office of Disability Services. 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 test is recommended as an accommodation.

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

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:

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

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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? \_\_\_\_\_

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8. Recommended accommodations for student disability: \_\_\_\_\_

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Qualified Professional's Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Office of Disability Services  
University of Arkansas at Pine Bluff  
1200 North University Drive  
Mail Slot 4949  
Pine Bluff, Arkansas  
Phone: 870-575-8552  
Fax: 870-575-4618

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

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **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:** \_\_\_\_\_

## OFFICE OF DISABILITY SERVICES

### DISABILITY CERTIFICATION

**Date:** \_\_\_\_\_ **Semester Effective:** \_\_\_\_\_

<b>TO:</b>	<b>Faculty:</b> _____	<b>Course Name:</b> _____
	<b>Faculty:</b> _____	<b>Course Name:</b> _____
	<b>Faculty:</b> _____	<b>Course Name:</b> _____
	<b>Faculty:</b> _____	<b>Course Name:</b> _____
	<b>Faculty:</b> _____	<b>Course Name:</b> _____

**Student:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

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#### SPECIAL ARRANGEMENTS

\_\_\_\_\_

\_\_\_\_\_  
**Ray Watley** **Date**  
**Director of Disability Services**

\_\_\_\_\_  
**Dr. Mary Benjamin** **Date**  
**Vice Chancellor for Academic Affairs**