

Western Dakota Technical Institute
Office of Student Assistance

Request for Section 504 ADA Services

Please provide all of the information requested in order for the institute to best meet your needs. If you need help completing this form, contact Mary Ann Slanina at 718-2426.

DATE _____

NAME _____

CURRENT ADDRESS _____

PHONE _____

E-MAIL _____

Please check each item that applies:

Applying for admission

First Semester

Second Semester

Third Semester

Fourth Semester

Program _____ Referred by _____

Please list names, addresses and phone numbers of your current physician, therapist, counselor or other support service providers.

Do you receive assistance from Rehabilitation Services?

Yes ___ No ___

Please indicate the name and phone number of your Rehabilitation Counselor:

Disability type:

- | | |
|--|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Respiratory Condition |
| <input type="checkbox"/> Psychological/Psychiatric Condition | <input type="checkbox"/> Health Impairment |
| <input type="checkbox"/> Aspergers / Autism | |

Are you currently taking medication? Yes No

Please specify medications and possible side effects.

Did you receive support or special services for your disability while in high school?

Yes No

If yes, please describe.

If possible, please attach or have a copy of your most recent Individualized Education Plan (IEP) and current evaluation sent to Mary Ann Slanina.

Please check any adaptive equipment that you use on a regular basis:

- | | |
|--|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Communication device |
| <input type="checkbox"/> Lap board | <input type="checkbox"/> Speech device |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Tape recorder |
| <input type="checkbox"/> Magnification equipment | <input type="checkbox"/> other (specify) |
| <input type="checkbox"/> Wheelchair | |

Where will you live during the school year?

Will you require assistance for personal needs on campus?

Have you been or are you frequently absent from school as a result of medical problems? If yes, explain.

Check all of the accommodations or services that you think you may need. Please note that not all accommodations may be available at WDTI at this time.

- | | |
|---|--|
| <input type="checkbox"/> Extended time on tests (Double the time) | <input type="checkbox"/> Note-taker |
| <input type="checkbox"/> Accessible classroom | <input type="checkbox"/> Taped lectures |
| <input type="checkbox"/> Alternate testing (Oral tests, distraction-free setting, etc.) | <input type="checkbox"/> Interpreter |
| | <input type="checkbox"/> Other (specify) |

ALL STUDENTS ARE REQUIRED TO PROVIDE MEDICAL AND/OR OTHER APPROPRIATE DIAGNOSTIC EVALUATION OF HIS OR HER DISABILITY. DOCUMENTATION MUST INCLUDE (AS APPROPRIATE) PHYSICAL DESCRIPTION, MEDICAL OR CLINICAL CAUTIONS AND RECOMMENDATIONS FOR NECESSARY ACCOMODATIONS IN AN ACDMNIC SETTING.

Statement of agreement:

I understand that the WDTI Counselor and staff from the Disability Services Office have access to my file in the Student Assistance Office, as well as academic and other WDTI records in order to provide the support services that I need. I also understand that it may be necessary for the Disability Coordinator to contact my faculty or other campus offices and disclose information about my disability and needs. I understand that it is my responsibility to notify the Disability Coordinator of any change in my medical status or special needs. By completing this form, I consent to such disclosures except that I do not want the following persons/offices to receive personal information about my disability:

Signed

Date

Return to: Mary Ann Slanina, Disability Coordinator
Western Dakota Technical Institute
800 Mickelson Dr., Rapid City, SD 57703
605-718-2426 ~ Maryann.slanina@wdt.edu