



Student Success Center
Request for Section 504 & ADA
Services

Please provide all information requested for WDT to assist in helping you meet your educational goals.

For help completing this form, please contact Jennifer Williams-Curl at (605)718-2904 or Jennifer.Williams-Curl@wdt.edu.

Date: _____ Student ID #: _____

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Program: _____

To expedite the process, please provide a copy of your most recent Individualized Education Plan (IEP), 504 Plan, or evaluation documents. Students with disabilities are required to provide medical and/or other appropriate diagnostic evaluation to help support your ADA request. Documentation must include (as appropriate) physical description, medical or clinical cautions, and recommendations for necessary accommodations in an academic setting.

Do you receive assistance from Vocational Rehabilitation Services? Yes No
If yes, please provide name and phone number of your Rehabilitation Counselor:

Do you require assistance for **personal needs** on campus? Yes No
If yes, please note them here:

Please indicate all **verified disabilities** specific to your circumstances:

Hearing	Speech
Vision	Mobility
Learning Disability	Attention Deficit Disorder
Neurological Condition	Respiratory Condition
Psychological/Psychiatric Condition	Health Impairment
Asperger's / Autism	Other (please specify):

Are you currently taking medication? Yes No

If yes, please check one box:

- Please identify only those medications with side effects and what you experience when taking them (ex: drowsiness, irritation, jitters, etc.)

- I have not experienced any side effects with my current medications

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

Cane	Laptop
Magnification equipment	Wheelchair
Communication device	Speech device
Tape recorder	Lap board
Other (please specify):	

Have you been, or are you frequently, absent from school due to your disability?

Yes No If yes, please explain.

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

Yes No If yes, please describe.

Check all accommodations or services that you received in the past or may need in the future. Please note that not all accommodations may be available at this time.

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|---|-------------------------|
| Extended time on tests/quizzes - up to 1.5x time | Note-taker |
| Enlarged material | Taped lectures |
| Accessible classroom | Interpreter |
| Alternate testing room or reduced-distraction setting | Calculator |
| Oral tests | Preferential seating |
| | Other (please specify): |

Statement of agreement:

I understand that the WDT Disability Coordinator has access to my academic files and other WDT records in order to provide the support services I am requesting. I also understand that the Disability Coordinator may need to contact my faculty or other campus officials; which may also require disclosure of 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:**

FERPA: Do you want to authorize anyone else to request information or discuss your academic, financial, or ADA/504 accommodation records?

Yes No

Student Signature

Date

Return to:

Jennifer Williams-Curl
Disability Services Coordinator
Western Dakota Tech
800 Mickelson Dr.
Rapid City, SD 57703
605-718-2904

Office Use Only:

Type of document(s) provided:
Most recent IEP
Most recent 504 Plan
Testing & Evaluation Report
Letter from Medical Provider
Voc Rehab Documentation
Other: