



Disability Services Application

This application is used to help determine eligibility for and to identify, necessary disability-related accommodations. Disability conditions may include, but are not limited to: mobility, Multiple Sclerosis, Cerebral Palsy, chemical sensitivities, spinal cord injuries, Cancer, AIDS, speech disorders, Muscular Dystrophy, hand function limitations, Spina Bifida, deafness, hearing impairments, blindness/low vision or other chronic medical conditions. Other conditions may include specific learning disabilities, psychiatric, psychological disorders, brain injuries, seizure disorders, Autism Spectrum Disorder, Attention Deficit Disorders, and rehabilitated drug addiction/alcoholism. Please complete this form carefully and completely. If you have any questions regarding this application items, contact the Disability Services Office.

If you need this application in an alternative format (e.g. Braille, enlarged, on disk, etc. or need assistance completing or if you have any questions regarding these application items, please contact the Disability Services Office at 541-851-5227 (Klamath Falls students) or 503-821-1305 (Wilsonville students).

Applying for services beginning:

Fall 20_____ Winter 20_____ Spring 20_____ Summer 20_____

Applying regarding a condition that is considered permanent: Yes or temporary (expected to last less than six (6) months: Yes If temporary, expected time frame for recovery? _____

General Information:

Name: _____
Last First MI

918#: _____ Date of Birth: _____ Local Phone: (____) _____

Local Address: _____
Street

City County State Zip

Permanent Address: _____
Street

City County State Zip

Permanent Phone: (____) _____ Email Address: _____

Academic Information:

- College Freshman College Sophomore College Junior College Senior
 Grad /Prof Student One or more Bachelors High School Student GED Recipient

Current OIT cumulative GPA: _____ Major (at OIT): _____

College transferred from: _____

Academic Information:

1. Are you a client of the Division of Vocational Rehabilitation? Yes No
If yes, please provide your counselor’s information below:

Name: _____ Phone: _____

2. Are you registered with Services of the Visually Impaired? Yes No
If yes, please provide your counselor’s information below:

Name: _____ Phone: _____

3. Are you currently serving or have you ever served in the Armed Forces, National Guard or ROTC?
Yes No

4. Are you a client of Veteran’s Affairs Vocational Rehabilitation? Yes No
If yes, please provide your counselor’s information below:

Name: _____ Phone: _____

Disability Information: Please complete all that apply to your request for accommodation(s).

To support your request for accommodations, please submit documentation, in addition to this application which includes a diagnosis of the condition(s) indicated below and the extent to which the condition(s) currently limit(s) major life activities such as:

- Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, sitting, reaching, lifting, bending, speaking breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. Though not necessary prescriptive, reports reflecting the kinds of services or accommodations received to date would also be helpful.

Are you taking any medications? Yes No If yes, please list them and possible side effects and potential impact on academic performance. _____

Do you use any mobility aids (e.g. wheelchair, power cart, crutches, braces, etc.)? Yes No

Do you have difficulty negotiating stairs? Yes No if yes, please describe: _____

Will you use a personal care assistant? Yes No if yes, please describe: _____

DS can assist students with location prospective attendants, DS is NOT, however, responsible for hiring, supervising, firing, paying or scheduling attendants.

Do you plan to use a trained service dog? Yes No If yes, what task(s) is the dog trained to perform for you? _____

• **To assist our understanding of how your condition affects you in the academic environment, please check items that are especially difficult for you because of your condition(s):**

- Reading printed materials
- Understanding and remembering printed materials
- Understanding and remembering presented orally
- Spelling
- Writing papers/essays
- Basic math processes
- Concentrating and staying focused on lectures, etc.
- Presenting verbal (oral) reports or reading aloud
- Talking about or explaining your conditions to people who need to know this information
- Coordination (gross or fine motor skills)
- Other _____

• **Academic adjustments and auxiliary aids and services, often referred to as “accommodations” are designed to minimize the impact of the disability, to ensure equal access, and to ensure equal opportunity to participate in OIT’s programs and services. Please indicate what accommodation(s) you anticipate needing to ensure equal access and opportunity at OIT.**

Decisions about requested accommodations will be made based on a combination of relevant documentation and interactions between each student and the Disability Services Coordinator.

- Printed materials in an alternative format (e.g., electronic text, digitally recorded materials, etc.)
Do you have an individual membership with Learning Ally? Yes No
- Are you a patron of the Oregon Talking Book and Braille Library, Salem, OR Yes No
- Test taking accommodations (e.g., "scanned and read" exams, use of a computer, use of a scribe, magnified tests, etc.)
- Note taker assistance
- Orientation to adaptive computers (e.g., screen readers, voice recognition systems, "scan and read" programs, screen enlargement software, alternative keyboards, etc.)
- Assistive listening systems
- Sign language interpreter services
- Real-time transcribing (e.g., Typewell)
- Advocacy services with instructors or other campus programs and/or staff
- Written assignment (in class) accommodations
- Oral class participation modifications
- Other _____

• **What type of referral information do you anticipate would be helpful to you?**

- Helping in preparing papers
- Word processing training
- Study skills assistance
- Peer Consulting Services (Tutoring)
- Receive more information about my disability and/or diagnostic (testing) services
- Other _____

• **Are you planning to live in the OIT Resident Hall or The Village?** Yes No

If yes, what housing-type accommodations will you need? (e.g., wheelchair accessibility, modifications to accommodate a hearing impairment, etc.): _____

If so, it is important that you apply for housing as early as possible. Be sure to state on the housing application your disability and what accommodation will be necessary. It is a good idea to visit campus in advance and ask Housing and Residence Life to show you an open room or apartment like one to which you would be assigned.

I certify that the information on this application is accurate and complete to the best of my knowledge. I understand the Disability Services program will obtain information that may be pertinent to my participation in the program from my OIT educational record (i.e., high school and college transcripts, entrance test scores, semester and cumulative grades, etc.). I also understand Disability Services will communicate with other OIT staff and with my instructors as needed on matters pertinent to my disability and services needed through Disability Services.

Signature: _____ **Date:** _____

The information that you provide on this form will not be shared with anyone other than employees of Oregon Institute of Technology without your permission. One agency that commonly serves OIT students with disabilities is the Division of Vocational Rehabilitation (DVR). Please review the following statement and sign if you would permit us to share information with this agency.

I hereby request that Oregon Division of Vocational Rehabilitation (DVR) collaborate with Disability Services on matters related to my disability and my attendance at Oregon Institute of Technology. I also authorize sharing of information between DVR and Disability Services upon request of either agency.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Disability Services

Oregon Institute of Technology

Learning Resource Center – Room 229C

3201 Campus Drive, Klamath Falls, OR 97601

Phone: 541.851.5227 Fax: 541.885-1126

Or

Wilsonville Student Services

27500 SW Parkway Ave

Wilsonville, OR 97070

Phone: 503-821-1305 Fax: 503-218-1126