



Access & Campus Equity Services

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

Portland-Metro Campus: 27500 SW Parkway Ave, Room 130A ♦ Wilsonville, OR 97070
503-821-1305 Voice ♦ 503-218-1126 Fax

Guidelines for Documenting a Disability

Access & Campus Equity Services (ACES) provides opportunities for equal access in college programs, services, and activities, as we recognize that the Oregon Tech community is enriched through the contributions of all its members.

In keeping with Sections 504 and 508 of the Rehabilitation Act of 1973, and Americans with Disabilities Act of 1990 (ADA) and its Amendments Act of 2008 (ADAAA), Oregon Tech is committed to providing appropriate academic accommodations and auxiliary aids, to ensure equitable access to higher education for individuals with disabilities.

In order to effectively arrange accommodations and auxiliary aids, ACES requires students to engage in a determinative process. We ask all of our applicants to complete a formal request for services through our accessibility software (AIM), and submit supporting documentation for your qualifying condition. Once we have the necessary documentation, one of our ACES staff will meet with you to discuss your eligibility for accommodations.

Documentation of qualifying condition(s) may be prepared by a medical, mental health, or educational professional. Acceptable forms of documentation include psychoeducation reports, healthcare records from your visits with your medical/mental health provider, or an official letter on letterhead from your provider. **Alternatively, your provider can complete this form and return it to our office.**

Your supporting document should address the following:

- 1) A statement identifying your impairment(s), including specific diagnoses.
- 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 recommendation of accommodations and/or auxiliary aids.

A high school IEP or Section 504 Plan may not independently establish a student’s eligibility for accommodations 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:

Access & Campus Equity Services – Klamath Falls Oregon Tech 3201 Campus Drive, LRC 228 Oregon Tech Klamath Falls, OR 97601-8801 FAX (541) 885-1126	Access & Campus Equity Services – Portland-Metro 27500 SW Parkway Ave Wilsonville, OR 97070 FAX (503) 218-1126
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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 Access & Campus Equity 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, please forward the psychoeducation report to our office, in lieu of completing this form.

If you have any questions regarding our requirements, please contact our office. The fastest way to reach us is via email at access@oit.edu

Please return this completed form to:

Access & Campus Equity Services – Klamath Falls Oregon Tech 3201 Campus Drive, LRC 228 Oregon Tech Klamath Falls, OR 97601-8801 FAX (541) 885-1126	Access & Campus Equity Services – Portland-Metro 27500 SW Parkway Ave Wilsonville, OR 97070 FAX (503) 218-1126
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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 applicable, please be specific to the student's elected 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., alternative testing, specialized software, alternative formatting, housing accommodations, 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: _____