

DECLARATION OF DISABILITY

The Advising and Testing Center/
Disability Support Services - 216 Pratt Hall

Disability Support Services (DSS), located within the Advising and Testing Center at IUP, exists to **ensure equal access to education for students with all types of documented disabilities** including, but not limited to, learning, physical and psychological disabilities. DSS offers a variety of support services to assist students in meeting their educational goals. Privacy is maintained. If you have a disability, please complete the form below. We will contact you to discuss the type of services we offer.

Please be aware that IUP does not discriminate on the basis of race, gender, age, national origin, religion, sexual preference or disability in any of its educational programs or activities. We provide services commensurate with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. You should register with this office even if the Blind and Visual Services (BVS) or the Office of Vocational Rehabilitation (OVR) is servicing you, as we will work together to provide you with support services.

Whether currently applying to IUP or already admitted, **we encourage you to meet with a DSS faculty or staff advisor to review service patterns and your needs for these services.** Please call (724) 357-4067 (V/TD), or email advising-testing@iup.edu, to schedule an appointment.

DEMOGRAPHIC INFORMATION

Name: _____ Banner ID@ _____ Date: _____
 First Middle Initial Last

Home Address: _____
 Street City State Zip

Telephone: _____ Major: _____

Email Address: _____ I plan to live on campus: Yes No

Local Address: _____
 Street City State Zip

Local Phone: _____ Cell: _____

DISABILITY

Please indicate your *Primary Disability (P)* and, if applicable, *Secondary Disability(S)*

- _____ Health/Physical: _____
- _____ Mobility: _____
- _____ Hearing: _____
- _____ Visual: _____
- _____ Traumatic Brain Injury: _____
- _____ Psychological/Emotional: _____
- _____ Attention/Concentration: _____
- _____ Learning: _____
- _____ Other, not otherwise classified: _____

For Office Use Only:

- Status – Prosp. Current Contin. Readmit
- Student Type – FR TR GR
- Level – UG GR CE
- Entry Term _____
- Campus I P P-CULN N DE
- Application Decision INC AD AP AW PC NA

PREVIOUS ACCOMMODATIONS

As a result of the disabilities that you indicated on the previous page, what special arrangements, if any, have been made for you, or recommended, in the past? For example: note taking, recorded books, testing accommodations, etc. (Check all that apply and/or what you think might help you in the college setting. As well, list others that are not already listed below.)

Note taking Recorded books Extended test time Tests read Quiet/separate test setting Spell checker
 Calculator Accessible classroom Interpreter Large font Braille Captioned materials
 Other (specify below)

DOCUMENTATION

Documentation of disability, and resultant functional limitations, determine the accommodations provided in the higher education setting. Please **attach** a copy of official documentation describing your disability with this form **or return this form today** and forward documentation to the address below **as soon as possible**.

▪ **Learning Disability**, please send a recent (*no more than three years old*) psycho-educational or psychological (whichever applies) report. *IEPs and NORAs do not meet the requirements for documentation*. If your documentation is more than three years old, you may submit it. We will accept it for the purpose of initiating services and will then contact you about acquiring an updated evaluation. [Please note: IUP provides federally mandated services as well as weekly advising meetings. We serve over 200 students with documented learning disabilities. We **DO NOT**, however, provide a “special” program for students with learning disabilities.]

▪ **Attention Deficit Disorder**, a diagnosis must be made by a physician or clinical psychologist. Please have the professional who diagnosed you forward the result of the tests that support this diagnosis to us.

▪ **Psychological Disability**, please send a recent psychological evaluation that states a diagnosis. Ideally, this will also include any effects on learning and any recommended accommodation.

▪ **Physical Disability**, please send medical documentation stating your disability and any limitations you may have as a result.

▪ **Hearing Loss**, please send a copy of your most recent (within the last two years) audiogram and include any limitations or necessary accommodations.

▪ **Visual Loss**, please send a copy of your most recent eye examination results. (Students who use corrective lenses must have correct vision of not less than 20/200 and include any limitations or necessary accommodations.)

▪ **Other disabilities not listed above, please have your physician or other appropriate professional send us a short letter of verification**. The letter should specify the diagnosis or type of disability, date of onset, prognosis (if applicable), and necessary accommodations.

Please return this form and documentation to:

Advising and Testing Center/Disability Support Services
Indiana University of Pennsylvania
201 Pratt Drive, Room 216
Indiana, Pennsylvania 15705
(724) 357 – 4067 (Voice/TD)
Website: <http://www.iup.edu/advisingtesting>
E-mail: Advising-Testing@iup.edu