

DECLARATION OF DISABILITY

Disability Access and Advising (D²A²) -
421 Eberly

Disability Access and Advising (D²A²) exists to ensure equal access to education for students with all types of documented disabilities including, but not limited to, learning, medical, physical, psychological, ASD, and other disabilities. We offer a variety of support services to assist students in ensuring access and 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.

IUP does not discriminate based on race or ethnicity, gender identity, age, national origin, religion, sexual orientation 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. Register with this office even if you are working with Blind and Visual Services (BVS), the Office of Vocational Rehabilitation (OVR), or the Labyrinth program already, as we will work together to provide you with support services, as we are the designated department to provide IUP disability-related accommodations.

NOTE: Please inform the Office of Housing, Residential Living and Dining, also, if you have ASD, hearing, mobility, vision or other disability that might affect residence hall living or, in a rare case, evacuation/safety.

Whether currently applying to IUP or already admitted, **we encourage you to meet with a D²A² faculty or staff advisor to review service patterns and your needs for these services.** Please call (724) 357-4067 (V/TD), or email disability-access@iup.edu, to **schedule an appointment**. Also, complete the front/back of this form.

DEMOGRAPHIC INFORMATION

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

Home Address: _____
Street City State Zip

Cell: _____ Major: _____

IUP Email: _____ I plan to live on campus: ☐ Yes ☐ No

Local Address: _____
Street City State Zip

Alternate Email: _____ Alt. Phone: _____

DISABILITY

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

_____ Health/Physical: _____
_____ Mobility: _____
_____ Hearing: _____
_____ Visual: _____
_____ Traumatic Brain Injury: _____
_____ Psychological/Emotional (incl. PTSD, anxiety, depression, other): _____
_____ Attention/Concentration: _____
_____ Learning: _____
_____ Neurodevelopmental: _____

**We partner with, and will refer your name to the Labyrinth Autism Support Program, and they will contact you with more information about the program. [If you choose not to have your name referred, please check this box.]* ☐

_____ Other, not otherwise classified: _____

For Office Use Only:

• Status – Prosp. Current Contin. Re-enroll
• Student Type – FR TR CONT CH ND GR DUAL
• Level – UG GR CE

• Entry Term _____
• Campus I P P-CULN N DE MNV IUP-CCAC
• Application Decision INC AD AP AW PC NA

PREVIOUS ACCOMMODATIONS

As a result of the disabilities that you indicated on the previous page, what accommodations, if any, have been made for you, or recommended, in the past? For example, these might have included: note taking, audio 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.) We will make final recommendations for IUP accommodations, based on your functional limitations, your documentation and your past recommended accommodations.

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

DOCUMENTATION

Documentation of disability, and its 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. If your documentation is more than three years old, you may submit it. We will initiate services and contact you about your acquiring an updated evaluation. [Please note: IUP provides federally mandated services as well as weekly advising meetings. We **DO NOT**, however, provide a “special” program for students with learning disabilities.] IEPs do not meet the requirements for documentation.
- **Attention Deficit Disorder**, please have the professional (who should be a physician or clinical psychologist) who diagnosed you forward the result of the tests that support this diagnosis to us, and complete the *Documentation of Disability Form*, on our website under “How to verify your disability.”
- **Psychological Disability (incl., but not limited to, anxiety, depression, PTSD, etc.)**, 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.)
- **Neurodevelopmental**, please send a recent (no more than three years old) psycho-educational or psychological (whichever applies) report. IEPs do not meet the requirements for documentation.
- **Other disabilities not listed above (e.g. epilepsy, TBI) 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. Have the physician or psychologist complete *Documentation of Disability Form*, on our website under “How to verify your disability.”

Please return this form and documentation to:
Website: <http://www.iup.edu/disabilitysupport/>
E-mail: disability-access@iup.edu

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University of Pennsylvania
Eberly 421, 664 Pratt Drive
Indiana, Pennsylvania 15705
(724) 357 – 4067 (Voice/TD)