



10851 West 120th Avenue  
Broomfield, CO 80021  
Phone: (800) 888-3995  
www.redstone.edu

**REQUEST FOR ACCOMMODATIONS**

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**STUDENT REQUESTOR (please print legibly or type)**

Name _____	Start Date (Month/Year) _____
Street Address _____	Program _____
City, State, Zip _____	Phone Number _____

- 1<sup>st</sup> Request**
  
- Additional Request / Modification:**    **Granted accommodations will carry over from one term to the next unless the student or Redstone determines circumstances have changed such that another Request for Accommodation form must be completed.**
  
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- Cancellation of Existing Accommodation**

In accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, Redstone College provides accommodations to qualified students with disabilities. The decision to grant a request for accommodation and the particular accommodation provided are based on the types of limitations manifested by the particular disability of the student requesting the accommodation.

Requests for accommodations are made to the College Accommodation Committee. The requesting student must disclose his/her disability before the College Accommodation Committee can begin the process for reviewing a request for accommodation. All accommodations provided are based upon individual needs as reflected in documentation and/or information related to the student's disability or functional limitations. Redstone treats all documentation submitted by or on behalf of the student as confidential information shared only on a need-to-know basis.

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**SECTION I: REQUEST FOR ACCOMMODATION / ACKNOWLEDGEMENT / RELEASE  
TO BE COMPLETED BY STUDENT**

**\*\*\* STUDENT MUST COMPLETE EACH ITEM. INCOMPLETE REQUESTS WILL NOT BE REVIEWED. \*\*\***

**1. Description of disability including manner in which the disability limits major life activities relevant to your participation in the program for which you are enrolled:**

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**Specific examples of auxiliary aids and/or academic accommodations, which are determined based on the assessment of the submitted documentation for its appropriateness and how it impacts you in a post secondary educational environment, are as follows:**

**ASSISTIVE TECHNOLOGY / AUXILIARY AIDS**

- Textbooks converted to alternative format.
- Transcription of class.
- Reader or Scribe for *in-class* exams.
- Note Taker for *in-class* lectures.
- Sign language interpreter or FM amplification system for *in-class* lectures.

**ACADEMIC ACCOMMODATIONS**

- Extended time for quizzes and tests, (time & ½ or double time only).
- Advance approval from instructor for extended time for assignments and/or in-class work.
- Permit tests, quizzes, and pop quizzes to be taken in a quiet, reduced-distraction environment.

**2. List the accommodation(s) requested.**

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**3. Describe how the accommodation, equipment, or modification you requested will provide a reasonable accommodation to your disability and describe its specific purpose.**

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- 4. Explain, if applicable, any resources you already have, or have access to, which would provide, or assist in providing, the accommodation(s) requested. *Example:*** Students with disabilities may be eligible for funding for disability-related services from their State Division of Vocational Rehabilitation. Students with disabilities are encouraged, but not required, to seek such funding for services. Redstone College will assume the differential expense or full expense of disability-related services for which you are deemed eligible by the College Accommodations Committee.)

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- 5. I have had my health care provider / diagnostic professional complete the requested information in Section II.**

Yes

**NOTE:** On occasion, the College Accommodation Committee may need to supplement this documentation with an interview with the student and/or the professional submitting documentation on behalf of the student. The committee will inform the student if such an interview is necessary.

- 6. I am attaching existing and/or current documentation.**

Yes

**NOTE:** Existing documentation for eligibility should be current, preferably within the last three years; (the age of acceptable documentation is dependent upon the disabling condition i.e. older documentation may be accepted for conditions that are permanent, the current status of the student and the student's specific request for accommodations). If a student has existing and/or current documentation of their disability from their health care provider or diagnostic professional, it may be attached as a replacement to Section II, provided it meets the criteria requested in paragraphs 1-7 of Section II. **Please note that a school plan such as an Individualized Education Plan (IEP), a 504 Plan, or a Summary of Performance (SOP) is not adequate documentation.**

*Please Initial:*

- Redstone College staff members may leave messages that may be of a confidential nature on your telephone answering service.

*Initial One:* \_\_\_\_YES \_\_\_\_NO

- Redstone College staff members may send you e-mail messages that may be of a confidential nature.

*Initial One:* \_\_\_\_YES \_\_\_\_NO

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*By signing this form, I acknowledge the following:*

- *Redstone College is committed to ensuring that all information regarding an individual is maintained as confidential as permitted by law. Any information collected by Redstone's accommodation staff is used for the benefit of the individual. This information may include test data, grades, biographical history, disability information, and case notes.*
- *Any information regarding disability gained from medical examinations or post-admission inquiries are considered confidential and will be shared with others on and off-campus on a need-to-know basis only.*
- *My file may be released pursuant to a court order or subpoena.*
- *Redstone College may charge me a reasonable fee for costs incurred with the release of information.*
- *I should make any additional request for accommodations as soon as I am aware of the need and Redstone College cannot guarantee that requests made too close to the date needed can be processed and/or provided by the date needed.*
- *It is my responsibility to contact the Campus Disabilities Coordinator if there are any problems or concerns with the implementation of any granted accommodations.*

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*In addition, by signing this form I consent to the following:*

- *Redstone College and its subsidiaries may disclose appropriate information about my status as a student with a disability/ies to faculty and staff and off-campus individuals who have a legitimate need to know.*
- *Redstone College and its subsidiaries may discuss my condition with my medical practitioner(s) or other health care professional(s).*
- *My medical practitioner(s) or professional(s) may release information regarding my condition as applicable to the evaluation of my request for accommodation or any appeal regarding accommodation decisions.*
- *This release will be in effect for as long as I need or potentially need accommodation and/or auxiliary aids/services.*

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*I confirm that the information provided by me is true and correct to the best of my knowledge.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

*RETURN THIS FORM TO YOUR CAMPUS DISABILITIES COORDINATOR*

*For assistance in completing this form, or for related questions, contact your Campus Disabilities Coordinator.*

**PLEASE PROCEED ONTO SECTION II**

*CONFIDENTIAL***SECTION II: DOCUMENTATION OF DISABILITY****TO BE PROVIDED BY HEALTH CARE PROVIDER OR DIAGNOSTIC PROFESSIONAL**

Students requesting support services and/or reasonable accommodations from Redstone College, Inc. *are required to submit documentation of a disabling condition to verify eligibility* under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Redstone College policy.

The documentation requirements, based on the Association of Higher Education and Disabilities (AHEAD) guidelines, are used to determine eligibility under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Redstone College policy.

A school plan such as an Individualized Education Plan (IEP), a 504 Plan, or a Summary of Performance (SOP) is not adequate documentation.

Documentation for eligibility should be current, preferably within the last three years; (the age of acceptable documentation is dependent upon the disabling condition i.e. older documentation may be accepted for conditions that are permanent, the current status of the student and the student's specific request for accommodations). If a student has existing and/or current documentation of their disability from their health care provider or diagnostic professional, it may be attached to this section, provided it meets the criteria requested in paragraphs 1-7 below.

**\*\* Documentation is required to be on professional letterhead with the name, title, address, and phone number of the professional. \*\***

The following guidelines are provided by the Association of Higher Education and Disabilities (AHEAD) and are to assist the diagnostician in providing the following information:

1. **The credentials of the evaluator(s)**

Documentation is to be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. . Documentation will include the type of license and the license number of the professional.

2. **A diagnostic statement identifying the disability**

Documentation will include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.

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3. **A description of the diagnostic methodology used**

Documentation will include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

4. **A description of the current functional limitations**

Documentation will include a description of how the disabling condition(s) currently impacts the individual. This will both establish the disability and identify possible accommodations. Quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

5. **A description of the expected progression or stability of the disability**

Documentation will include information on expected changes in the functional impact of the disability over time and context. Is the disability cyclical or episodic in nature and are there any known or suspected environmental triggers that provide opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) are recommended.

6. **A description of current and past accommodations, services and/or medications**

Documentation will include a description of both current and past medications, any auxiliary aids, assistive devices, support services, and/or accommodations, including their effectiveness in improving functional impacts of the disability. A description of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance in an educational environment should be included in the report.

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7. **Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services**

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations. If connections are not obvious, a clear explanation of their relationship can be useful in decision-making.

**I am attaching existing and/or current documentation of the disability as it meets the criteria requested in paragraphs 1-7 above.**

Yes

**Description of attached information:**

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*Redstone College treats all documentation submitted by or on behalf of the student as confidential information shared only on a need-to-know basis.*

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Students with disabilities may be eligible for funding for disability-related services from their State Division of Vocational Rehabilitation. Students with disabilities are encouraged, but not required, to seek such funding for services. Redstone College will assume the differential expense or full expense of disability-related services for which you are deemed eligible by the College Accommodations Committee. The contact information for the States in which Redstone College has campuses is as follows:

**California**

**California Department of Rehabilitation**

Physical Address:

721 Capitol Mall  
Sacramento, CA 95814

Mailing Address:

P.O. Box 944222  
Sacramento, CA 94244-2220

VOICE: (916) 324-1313

TYT: (916) 558-5807

<http://www.dor.ca.gov>

**Colorado**

**Department of Human Services**

2211 W Evans Ave, Bldg. A  
Denver, CO 80223

(303) 866-4150

(303) 937-1226

<http://www.cdhs.state.co.us/dvr>

**Georgia**

**Georgia Department of Labor**

Rehabilitation Services

Suite 510 Sussex Place

148 Andrew Young International Blvd, NE  
Atlanta, Georgia 30303-1751

404-232-3910

TYT: 404-232-3911

<http://www.vocrehabga.org>

**Illinois**

**Illinois Department of Human Services**

Rehabilitation Services

Springfield Office

100 South Grand Avenue East

Springfield, Illinois 62762

(217) 557-1601

TYT: (217) 557-2134

Chicago Office

401 South Clinton Street

Chicago, Illinois 60607

(800) 843-6154

TYT: (312) 793-2354

<https://drs.dhs.state.il.us/owr>

**Texas**

**Department of Assistive & Rehabilitative Services**

4800 N. Lamar Blvd.

Austin, Texas 78756

1-800-628-5115

TTY: 1-866-581-9328

<http://www.dars.state.tx.us>

**Virginia**

**Virginia Department of Rehabilitative Services**

8004 Franklin Farms Drive

Richmond, VA 23229

Office Voice: (804) 662-7000

Toll Free TYT: (800) 464-9950

Office TYT: (804) 662-9040

Office Fax: (804) 662-9532

<http://www.vadrs.org>

If your home state is not listed, please go to the site below for a complete list.

<http://www.jan.wvu.edu/cgi-win/TypeQuery.exe?902>