



# PLATT COLLEGE

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## **Students with Disabilities: Accommodation Policy and Request Forms**

### **Statement of Non-Discrimination and Accommodation**

Platt College does not discriminate on the basis of disability. Individuals with disabilities are entitled to reasonable accommodations to ensure that they have full and equal access to Platt College's educational resources, consistent with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) ("Section 504"), the Americans with Disabilities Act (42 U.S.C. § 12182) ("ADA"), their related statutes and regulations, and corresponding state and local laws.

Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The ADA prohibits a place of public accommodation from discriminating on the basis of disability. The applicable law and regulations may be examined in the office of the ADA Compliance Coordinator, or his/her trained designee who has been designated to coordinate Platt College's efforts to comply with Section 504 and ADA. The Academic Dean at each campus serves as the ADA Compliance Coordinator for his/her campus:

ADA Compliance Coordinator:

### **Requests for Accommodation**

Individuals with disabilities wishing to request an accommodation must contact the ADA Compliance Coordinator. A disclosure of a disability or a request for accommodation made to any staff, faculty, or personnel other than the ADA Compliance Coordinator will not be treated as a request for an accommodation. However, if a student or applicant discloses a disability to such an individual, that individual is required to direct the student to the ADA Compliance Coordinator. Upon request, the ADA Compliance Coordinator (or his/her trained designee) will provide a student or applicant with a **Request for Accommodations form**, which is also available on Platt College's website under the \_\_\_\_\_ tab. To help ensure timely consideration and implementation, individuals making a request for an accommodation are asked to contact the ADA Compliance Coordinator and/or submit a Request for Accommodations form at least two weeks prior to when the accommodation is needed.

Individuals requesting reasonable accommodation may be asked to provide medical documentation substantiating his/her physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to the impairment(s). Such documentation should specify that a student has a physical or mental impairment and how that impairment substantially limits one or more major life activities. In general, the supporting documentation must be dated less than three years from the date a student requests a reasonable accommodation, and must be completed by a qualified professional in the area of the student's disability, as enumerated below:



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<b>Disability</b>	<b>Qualified Professional</b>
Physical disability	MD, DO
Visual impairment	MD, ophthalmologist, optometrist
Mobility, orthopedic impairment	MD, DO
Hearing impairment	MD, Audiologist (Au.D) *audiology exam should not be more than a year old
Speech and language impairment	Licensed speech professional
Learning disability	PhD Psychologist, college learning disability specialist, other appropriate professional
Acquired brain impairment	MD neurologist, neuropsychologist
Psychological disability	Psychiatrist, PhD Psychologist, LMFT or LCSW
ADD/ADHD	Psychiatrist; PhD Psychologist, LMFT or LCSW
Other disabilities	MD who practices or specializes within the field of the disability.

Documentation used to evaluate the need and reasonableness of potential accommodations may include a licensed professional's current medical diagnosis and date of diagnosis, evaluation of how the student's disability affects one or more of the major life activities and recommendations, psychological and/or emotion diagnostic tests, functional effects or limitations of the disability, and/or medications and recommendations to ameliorate the effects or limitations. Platt College may request additional documentation or testing as needed. All records provided will be designated confidential and only distributed on a need-to-know basis to evaluate and implement requested accommodations.

After the ADA Compliance Coordinator receives the Request Form and the required documentation, he/she (or his/her trained designee) will engage the student or applicant in an interactive process to determine what accommodations may be appropriate. The ADA Compliance Coordinator will notify the student in writing within a reasonable timeframe with a decision regarding the approved academic accommodations. The ADA Compliance Coordinator will provide written notice of the approved academic accommodations to faculty members and other individuals with responsibility for providing the academic accommodations.

A student or applicant should contact the ADA Compliance Coordinator if he/she is dissatisfied with the implementation of an approved accommodation.

## **Appeal Process**

If a student or applicant is dissatisfied with the determination of what accommodations will be provided, the student or applicant may file an appeal. Appeals should be made in writing and directed to the Campus President at the student's campus. The appeal should include a statement of the steps taken to date, the results obtained (if any), and the basis for the dissatisfaction. The Campus President will engage the student or applicant in the interactive process to try to resolve the issues, as well as engage other resources as needed to help



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address the concerns. The Campus President will provide to the student or applicant a written decision regarding the appeal within a reasonable timeframe.

Platt College will make appropriate arrangements to ensure that a person with a disability is provided other accommodations, if needed, to participate in the Appeal Process. The ADA Compliance Coordinator will be responsible for such arrangements.

## **Grievance Process**

Any student or applicant who believes that Platt College has discriminated against him or her on the basis of disability is encouraged to file an internal complaint by contacting [ADA@PlattCollege.edu](mailto:ADA@PlattCollege.edu). Platt College will promptly investigate any allegations of discrimination and take prompt ameliorative action. The student or applicant may also file a grievance using the grievance procedure stated in Platt College's Catalog. This policy may also be found in Platt College's Consumer and Student Handbook, which can be accessed online at [www.plattcollege.edu](http://www.plattcollege.edu).

In addition, students or applicants may be able to file a complaint with the United States Department of Education, Office for Civil Rights. They can contact the Office for Civil Rights for more information at the following:

**United States Department of Education**  
Office for Civil Rights  
50 Beale Street, Suite 7200 • San Francisco, CA 94105  
(415) 486-5555 • [www.ed.gov/ocr](http://www.ed.gov/ocr)



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## Request for Disability Accommodation

### Instructions:

Please carefully and fully complete this form so that Platt College can make the determination of how to best service your needs. Note that there are four [4] pages to this form. Return this completed, signed form along with supporting documentation (to include current/ recent medical test results or evaluations as appropriate) to the Academic Dean at your location.

### PART I: Personal Information (to be completed by student)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Parent Name (if student is under 18): \_\_\_\_\_

Student ID \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email: \_\_\_\_\_

Start date: \_\_\_\_\_

***Please note that students enrolled or planning to enroll in academic programs at Platt College should complete the steps below as far in advance as possible of the anticipated need for services and accommodations to allow for a reasonable period of time in which to evaluate your situation and to implement approved accommodations.***



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## REQUEST FOR ACCOMMODATION(S)

Name: \_\_\_\_\_

LAST

FIRST

MAIDEN / M.I.

Please identify the nature of your physical and/or mental impairment(s) for which you are requesting accommodation(s):

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Please identify how the limitations or impairments of your physical and/or mental impairment(s) will affect your ability to satisfy Platt College's requirement(s):

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Please identify the accommodation(s) you are requesting:

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Verification of Need: You may be asked to provide medical documentation substantiating your physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to your impairment(s). An Authorization and Verification form is available for your convenience on the next page but you may submit other appropriate medical documentation. The medical documentation should be current (less than 3 years old) and be from a certified or licensed medical professional trained in the field of your disability. Any information you provide will be kept confidential and used solely to determine that the accommodation is needed.

\_\_\_\_\_  
Requesting Individual's Signature

\_\_\_\_\_  
Date



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## **PART III: Certification and Documentation (complete A, B, and C).**

### **A: Statement of Request (to be completed by student)**

I, \_\_\_\_\_, am providing clinical/medical documentation of my impairment. I hereby recognize that only current documentation completed by my treating medical professional(s) will be accepted.

\_\_\_\_\_  
Requesting Individual's Signature

\_\_\_\_\_  
Date

### **B: Statement of Medical Release (to be completed by student)**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release my personal health information to Platt College. I further authorize Platt College to contact my health care provider for further information, and/or to use and disclose my information as necessary to consider my request for accommodation and to implement any approved accommodations

\_\_\_\_\_  
Requesting Individual's Signature

\_\_\_\_\_  
Date



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## C: Statement of Certification (to be completed by student)

I, \_\_\_\_\_, authorize \_\_\_\_\_ to certify my impairment, by completing the information in part D, below.

\_\_\_\_\_  
Requesting Individual's Signature

\_\_\_\_\_  
Date

## D: Statement of Authentication (to be completed by healthcare professional)

The individual listed above has requested accommodation(s) for his/her physical or mental impairment(s). To help us evaluate the requested accommodations, we ask that you please provide the following information:

(a) What is the nature of his/her physical and/or mental impairment(s)?

\_\_\_\_\_

(b) How will his/her physical and/or mental impairment(s) substantially limit his/her major life activity(ies)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) What, if any, accommodations do you recommend be provided to help ensure his/her equal access and/or full opportunity to participate in our services? For each recommendation, please explain how that accommodation will ameliorate a substantial limitation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Campus use only:

Accommodations Request and supporting documentation received on \_\_\_\_\_ (Date)

Academic Dean \_\_\_\_\_