

Reid State Technical College
VOLUNTARY DISCLOSURE OF DISABILITY

Dear Student:

The purpose of the Americans with Disabilities Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success.

It is important to understand that while this disclosure is voluntary, a student with a disability has the legal responsibility to request any necessary accommodations in a timely manner and to provide the institution with appropriate, current documentation of the ADA condition. Completing this form is the first step in that process. Once this form has been received by the ADA Coordinator, you will receive additional information as to how to proceed with requesting accommodations and providing documentation.

The information on this form will be kept strictly confidential and used only to provide appropriate services.

IF YOU ARE NOT DISABLED, PLEASE STOP HERE. DO NOT COMPLETE THIS FORM.

Name: _____ SSN: _____

Home Address: _____

Home Phone Number: _____ E-mail: _____

Nature of Disability:

Limited major life activity:

☐ Deaf
☐ Hearing Impaired
☐ Blind
☐ Visually Impaired
☐ Mobility Impaired
☐ Attention Deficit
☐ Other health Impaired
☐ Other (please specify)

☐ Reading
☐ Writing
☐ Mathematics
☐ Attention
☐ Physical Activity
☐ Mobility
☐ Speech
☐ Other (please describe)

Will you be receiving assistance from Vocational Rehabilitation Services, the Division of Services for the Blind, or other agencies? Yes _____ No _____ (If yes, please specify which agency or service.)

Student Signature

Date

Please return completed forms
to: Dean of Students
Reid State Technical College
ADA Office
P. O. Box 588
Evergreen, AL 36401

REID STATE TECHNICAL COLLEGE

SUPPORT SERVICES FOR STUDENTS WITH DISABILITIES

Disability Verification for Students with
Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD)

TO BE COMPLETED BY PSYCHIATRIST/PSYCHOLOGIST/DIAGNOSING PHYSICIAN

_____ is requesting academic accommodations/services through the ADA office at Reid State Technical College (RSTC). To ensure the provision of reasonable and appropriate services for students with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, RSTC requires documentation of disability and information from a qualified medical professional which provides:

1. the diagnosis of ADD/ADHD;
2. a description of attention difficulties and functional limitations in an educational setting;
3. an indication of the severity and longevity of the condition;
4. information about medications prescribed and the side effects of these medications;
5. clear and specific reasonable accommodations.

To facilitate the gathering of such information, we ask that you respond to the following questions.

1. Date of Diagnosis: _____
2. Date of last contact with student: _____
3. What procedures/assessments were used to assess/diagnose ADD/ADHD?
4. Describe the symptoms, which met the criteria for this diagnosis with approximate date of onset.
5. Describe the severity of the condition and this student's functional limitations in an educational setting.
6. Is this student taking medication? If yes, please list medication(s); indicate date of initial prescription and possible side effects of this medication.

DISABILITY VERIFICATION CONTINUED

7. Will this student continue to need accommodations when utilizing recommended medication?
8. In addition to the diagnostic report, please attach any other information that you feel is relevant in determining appropriate accommodations for this student.

Other Comments:

Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Telephone: _____ E-mail: _____

Thank you for your assistance in completing this verification form. Please return this information to the ADA Coordinator listed below:

Dean of Students
Reid State Technical College
ADA Coordinator
P. O. Box 588
Evergreen, AL 36401
Phone: (251) 578-1313
Edith A. Gray Library & Technology Center Student Services Department