

St. Augustine College
Learning Assistance Information Packet
Approved by the President January 15th, 2009
Revision Approved by the President July 20th, 2012

Policy on Services for Students with Disabilities

St. Augustine College's Office of Academic Advising coordinates and ensures services and accommodations for registered students with disabilities as mandated by the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, as amended in 2008. These services provide equal educational opportunities to students by minimizing the impact of functional limitations upon their academic lives and offer disabled persons the opportunity to participate fully in all educational programs and activities.

The Dean of Academic & Student Affairs serves as the College ADA compliance officer. The Dean assumes responsibility for seeing that the College is properly interpreting federal regulations that require the College take such steps as are necessary to ensure that reasonable accommodations are made for all students with documented learning disabilities. The Dean is responsible for coordinating the College's compliance with these regulations with the Office of Academic Advising.

The College adheres to all confidentiality and privacy concerns as outlined in these regulations.

Who is Eligible for Services?

Any student with an appropriately documented disability is eligible for services. The Office of Academic Advising will serve students with documented permanent, temporary or episodic disabilities.

Any student with documented special needs or difficulties in learning and/or in completing course requirements should notify the instructor and the Office of Academic Advising immediately so that available, reasonable accommodations may be arranged. Documentation of the student's disability and how it impacts their participation will be submitted and maintained securely in the Dean's Office.

Procedures for Requesting Services

The following procedure will apply for consideration of requests for auxiliary aids, academic or other reasonable accommodations. Students should complete the steps listed below sufficiently in advance of the anticipated need for services. Such notice is required in order to

give the various academic and service areas a reasonable period of time in which to evaluate requests.

1. Students must be admitted to and/or enrolled in the College.
2. Students requesting auxiliary aids, academic or other reasonable accommodations should contact the Office of Academic Advising and complete the **Student with Disability Registration Agreement and Release of Information Form**. If students provide written verification of a documented learning disability from an appropriate professional this should be submitted with the agreement.
3. The Dean will make a case-by-case determination of the student's educational need for the requested auxiliary aid, academic or other reasonable accommodations. Reasonable accommodations determined to be necessary will be provided at no cost to the student.
4. The Illinois Department of Rehabilitative Services (DRS) has a responsibility to provide numerous services to eligible individuals with disabilities. The College strongly encourages students to apply to DRS for any benefits for which they might be eligible. The closest DRS Offices are:

Main Campus	South Campus	West Campus
Hiawatha DRS Office Rehabilitation Services 6200 N Hiawatha Ave Chicago, IL 60646 Phone: (773) 794-4800 TTY: (888) 440-8997 Fax: (773) 794-4833	Illinois Institute of Technology DRS Office Rehabilitation Services 10 W 35th St Chicago, IL 60616-3717 Phone: (312) 328-2900 TTY: (888) 261-7925 Fax: (312) 328-2940	Milwaukee Avenue DRS Office Rehabilitation Services 1279 N Milwaukee Ave, 3rd floor Chicago, IL 60622 Phone: (773) 292-4400 TTY: (888) 261-2824 Fax: (773) 292-4432

5. Students who believe that they have been discriminated against on the basis of a disability may seek resolution through the College's Grievance Procedure as stated in the Catalog.

Student with Disability Request for Services Agreement
THE INFORMATION WITHIN THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED BY THE OFFICE OF ACADEMIC ADVISING

Office of Academic Advising Instructions:

- a. Attach the student's IEP (Individual Education Plan) or 504 Plan (regarding medical conditions) or other accommodations recommended by a licensed professional as documentation of the requested accommodation;
- b. Provide a copy of both this form and the Release of Information Form, signed by you, to the student;
- c. Immediately send the original, completed forms, with the attached documentation, to the Assistant Dean of Advising.

GENERAL STUDENT INFORMATION

Student Name: _____

Student ID number: _____

Student Date of Birth or last four digits of Social Security number:

1. I understand that I am registering for services with the Office of Academic Advising and that I may be eligible for services such as information, referral, reasonable accommodations and/or other individualized services that may be needed for access to courses, programs, or facilities. If the College is unable to provide the necessary services, I will be referred to other appropriate community agencies.
2. I understand that I am responsible for reviewing the rights and responsibilities pertaining to disability access.
3. I understand that I will not be eligible for services if I do not provide documentation of a diagnosed disability, do not have a diagnosed disability, or do not follow the College's policies and procedures.
4. I understand that if I request accommodations on my behalf, the Office of Academic Advising and the Dean may need to consult with other College personnel. I give my permission to have disability related information shared with appropriate College personnel to facilitate such requests.
5. I understand that I must communicate with the Office of Academic Advising prior to the start of each term to ensure accommodations are appropriately implemented.

6. I have self-identified my disability to the Office of Academic Advising as:

7. Please describe how you believe the accommodations you've requested will equalize your chances of success in the classroom:

Note to the requesting student: Please maintain contact with this office until you have been advised services have been arranged for the term. Please inform our office as soon as possible if you drop a class, so if appropriate we can suspend services for that class. To revise your form at any point during the semester, please make an appointment.

As the requesting St. Augustine student, I acknowledge that I have read and understand this Request for Services Agreement.

Student Signature: _____ Date: _____

As the representative of the Office of Academic Advising, I acknowledge the receipt of this Request for Services Agreement on behalf of St. Augustine College, and that a copy of this Agreement has been provided to the requesting student:

Office of Academic Advising representative:

_____ Date: _____

RELEASE OF INFORMATION
THE INFORMATION WITHIN THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED BY THE OFFICE OF ACADEMIC ADVISING

Confidentiality is of the utmost importance to SAC staff and the students we serve. Students must sign a release of information form in order for SAC staff to communicate with anyone regarding a student's disability. The student must designate with whom SAC can share information. SAC will not disclose any information regarding the specific nature of the disability. Accommodation letters list the accommodations only, not the specific disability. It is the student's choice to share information regarding his/her disability when he/she feel it is appropriate.

The requesting student's IEP (Individual Education Plan) or 504 Plan (regarding medical conditions) or other documentation from a licensed medical professional, which is attached, constitutes the documentation of the disability or medical condition, including tests, diagnosis, treatments, and the referring physician(s) and/or agency(ies) and/or licensed counselor(s).

To the student: Verification in support of your accommodation request must be on file in this office. Letters of verification may be from individuals such as attending physicians, learning disabilities specialists, and counselors from the Division of Blind Services, or the Division of Vocational Rehabilitation, etc. Please attach to these sheets.

I hereby give the college permission to discuss my disability with the above persons noted in my IEP or 504 Plan or other appropriate licensed professional:

Student Signature: _____ Date: _____

I acknowledge the receipt of the above information and this Release of Information Form from the applying student:

Office of Academic Advising representative:

_____ Date: _____