

## **St. Augustine College Learning Assistance Information Packet**

### **Policy on Services for Students with Disabilities**

St. Augustine College's Office of Student Services 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 College uses a three-tier system to identify students who need special services and accommodations:

1. Admissions Office: The admissions application requests from students who have a documented special need for a reasonable accommodation to voluntarily disclose their needs and provide the pertinent documentation to the Office of Student Services and complete a "Student with Disability Registration Agreement and Release of Information Form".
2. Student Services Office: The first interview with a Learning Facilitator after admission must include a question as to whether student has a history of services through an IEP or believes he/she has a disability that may affect learning; if he/she does and provides evidence of such a disability, the student may receive reasonable accommodations. Successive interviews should also address this issue at the discretion of the interviewing Learning Facilitator. The interviewing Learning Facilitator will help the student complete the Student with Disability Registration Agreement and Release of Information Form. The Learning Facilitator should also assist with a referral to the State of Illinois Division of Rehabilitation Services or other appropriate resource, if needed.
3. Faculty: If the student's behavior, academic performance, or any other information, suggests an issue that might qualify a student for a reasonable accommodation supported by documentation, he/she should be advised to contact the assigned Learning Facilitator.

The Dean of Students 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, and for overseeing the implementation of the accommodations. The Dean is responsible for coordinating the College's compliance with these regulations with the Office of Student Services.

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

## Who is Eligible for Services?

### A. Students with Documented Disabilities

Any student with an appropriately documented disability may be eligible for reasonable accommodations.

### B. Students with Other Non-documented Learning Challenges

After admission to the college, advisors will provide referrals for students who are in need of or who request help to maximize their success in college; upon evaluation, they might be also eligible.

Documentation of any student's disability and how it impacts his/her 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 Student Services 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 must be submitted with the agreement.
3. The Dean will make a determination based upon individual needs of the student. Reasonable accommodations determined to be necessary will be provided consistent with the ADA guidelines.

The Illinois Division of Rehabilitation 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 following are DRS office locations:

<b>Main Campus</b>	<b>South Location</b>	<b>West Location</b>
<b>North Broadway DRS Office</b> Rehabilitation Services 5050 N. Broadway, 4 <sup>th</sup> Floor Chicago, IL 60640 Phone: (773) 989-5000 Fax: (773) 989 3450	<b>Illinois Institute of Technology DRS Office</b> Rehabilitation Services 10 W 35th St Chicago, IL 60616 Phone: (312) 328-2900 TTY: (888) 261-7925 Fax: (312) 328-2940	<b>Humboldt Park DRS Office</b> Rehabilitation Services 2753 W. North Ave., 3rd floor Chicago, IL 60622 Phone: (773) 292-4400 TTY: (888) 261-2824 Fax: (773) 292-4432
<b>Southeast Location</b> Avalon Park DRS Office Rehabilitation Services 8840 S. Stony Island Ave. Chicago, IL 60617 Phone: (773) 768 6700 TTY: (888) 261 8562 Fax: (773) 768 0467		<b>Aurora Location</b> Aurora DRS Office Rehabilitation Services 888 South Edgelawn Dr. # 1771 Aurora, IL 60506 Phone: (630) 892 7417 TTY: (888) 261 2821 Fax: (630) 892 7461
<b>DHS Chicago Office</b> 401 South Clinton Street Chicago, Illinois 60607 1-800-843-6154 Hours: 8:30 am - 5:00 pm		

4. Students who believe that they have been discriminated against on the basis of a disability may seek resolution through the College's Student Complaint Policy as stated in the Catalog.
5. Reasonable accommodations will be provided upon adjudication unless doing so would result in a fundamental alteration of the program, undue financial or administrative burden, or any combination thereof; typical accommodations include aides and services, as well as modifications of policies and procedures.

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

**Office of Student Services Instructions:**

- a. Attach the student's IEP (Individual Education Plan) or accommodations recommended by licensed professionals based on disability diagnoses.
- 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 ADA Compliance Officer.

**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 Student Services 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 assisted with referrals to other appropriate resources.
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 accommodation 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 Student Services and the ADA Compliance Officer 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 Student Services prior to the start of each term to ensure that accommodations are appropriately implemented.
6. I have disclosed my disability, or my need for other evaluation or referrals for my success in classes to the Office of Student Services as:

---

---

---

8. Please describe how you believe the accommodations or the evaluation/referrals you have requested will maximize your potential for success in the classroom:

---

---

---

---

---

---

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

I acknowledge that I have read and understand this Request for Services Agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the representative of the Office of Student Services, 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 student:

Office of Student Services representative:

\_\_\_\_\_ Date: \_\_\_\_\_

## **RELEASE OF INFORMATION**

***THE INFORMATION WITHIN THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED BY THE OFFICE OF STUDENT SERVICES***

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 Student Services representative:

\_\_\_\_\_ Date: \_\_\_\_\_