

# APPLICATION FOR REQUESTING REASONABLE ACCOMMODATIONS



Updated: November 2019

## Introduction

Jersey College is committed to providing equal access to programs and services to individuals who suffer from a physical or mental impairment that substantially limits one or more major life activities, including learning. To receive reasonable accommodations, individuals are required to submit a request form and provide supporting documentation.

## Instructions

- A. **Who Should File the Application:** Individuals seeking reasonable accommodations for an ADA disability should complete this application.
- B. **Application Submission Deadline:** Completed applications must be submitted at least three weeks prior to the date for which you are requesting reasonable accommodations.
- C. **Application:** To request reasonable accommodations individuals must complete a Reasonable Accommodations Request Form. This application has three parts. Part I must be completed by the individual requesting the accommodation and Part II and Part III must be completed by a Qualified Professional.
- D. **Reviews of Requests:** Review of a request for reasonable accommodations will be deferred until the necessary documentation is submitted. All applications should be typed or neatly printed. Do not leave sections blank. Put NA if the section does not apply.
- E. **Confidentiality.** All medical and supporting documentation submitted will be kept confidential, and will be used for the purpose of assisting the institution in determining the suitable accommodations necessary for the individual, if any.
- F. **Determinations.** The final decision regarding an accommodation request lies with the Campus Director for students and the President of the college for employees. Such person's decision will be directly communicated to the individual.
- G. **Reasonable Accommodations.** Not all requested accommodations are "reasonable." An accommodation is not reasonable if, among other things:
  - Making the accommodation or having the individual involved in the activity poses a direct threat to the health or safety of others.
  - Making the accommodation means making a substantial change in an essential element of the curriculum or making the accommodation would require a substantial alteration in the manner in which educational opportunities are provided, including, but not limited to, the course objectives being altered, giving the individual an unfair advantage over other individual, lowering academic standards, and significantly altering what is required of an individual to complete a class or program.
  - Making the accommodation means making a substantial alteration in the manner in which the institution provides services.
  - Making the accommodation would impose an undue financial or administrative burden to the institution.

## Documentation Guidelines

Disability is defined as a permanent, longstanding significant condition that substantially or significantly limits one or more of the major life functions. The purpose of the accommodation process is to ensure that the individual with a disability has an equal opportunity to participate in the educational process.

To be eligible for accommodations, an individual must present documents to demonstrate evidence of a current condition that interferes with one or more major life functions as defined by American with Disabilities Act. The documentation must provide evidence that the individual has current functional needs and/or currently experiences accessibility barriers. The final determination for current status of the documentation rests with the institution.

Documentation is insufficient if it does not specify the existence of an American Disability Act disability and explain the need for the accommodation. Documentation also is insufficient where, for example: (i) the health care professional does not have the expertise to give an opinion about the individual's medical condition and the limitations imposed by it; (ii) the information does not specify the functional limitations due to the disability; or, (iii) other factors indicate that the information provided is not credible or is fraudulent.

Documentation from a credentialed examiner, with clear expertise related to the condition, is required to substantiate the presence of a current disability and to establish the possible need for accommodations.

The essential elements of documentation are:

- Licensed or credentialed evaluator, with specific certification or expertise related to the condition being diagnosed (see Qualified Practitioners below), and who is not related to the individual.
- Documentation typed, dated, signed and otherwise legible.
- Clear diagnostic statement, including diagnostic sub-types where relevant, that describes the condition, present symptoms supporting the diagnosis and provides information on the functional impact of the condition. A full clinical description conveys this information, as will diagnostic codes from the DSM (Diagnostic Statistical Manual of the American Psychiatric Association) or the ICF (International Classification of Functioning, Disability and Health of the World Health Organization.)
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized or percentile scores. (See specific guidelines for learning disabilities, psychiatric disabilities, and ADD/ADHD) in Part III of this application.
- Description of the progression or stability of the disability over time and in context.
- Medical information relating to the individual's needs to include the impact of medication on the individual's ability to meet the demands of the educational/workplace environment.
- A statement of the functional impact or limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context or workplace context for which accommodations are being requested.

- Specific recommendations for accommodations in the learning/workplace environment and rationale for each accommodation. Also, if applicable, must include any record of prior accommodations and an indication of how beneficial the accommodations were. Further assessment by an appropriate professional may be required if coexisting disabling conditions are indicated.

Professionals conducting assessments and rendering diagnoses of disabilities must be qualified. This means that comprehensive training in the differential diagnosis of various disabilities is required. The evaluator must have appropriate professional credentials, including licensure or certifications in the area being assessed. The following are acceptable Qualified Professionals/Practitioners:

<b>Type of Disability</b>	<b>Qualified Professionals/Practitioner</b>
Attention Deficit Hyperactivity Disorder (ADHD, ADD, etc.) or Anxiety or Anxiety (Generalized, OCD, Panic Disorder, PTSD, Social, etc.)	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable to condition
Developmental Disability (such as Autism Spectrum Disorder)	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, other physician knowledgeable to condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist



Please **fully** answer each of the following questions. For each question, attach additional pages, if necessary.

1. Describe your disability.

---

---

---

---

---

---

---

2. When was your disability diagnosed?

---

---

3. How does your disability substantially limit a major life activity?

---

---

---

---

---

---

---

4. How does your disability impact your ability to fulfill academic/workplace (as applicable) requirements?

---

---

---

---

---

---

---



**8. How will the requested accommodations help you fulfill academic/workplace (as applicable) requirements?**

---

---

---

---

---

---

---

---

---

---

\*\*\*\*\*

**Attestation of Individual Requesting Accommodation**

I understand that documentation from a qualified treating professional must be provided with this form (see “Qualified Professionals/Practitioners” above for additional information regarding the definition of a qualified treating professional). Information provided to the institution is confidential and protected under federal and state laws (as applicable). I declare and affirm that the statements made in this request, including accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of enrollment/employment (as applicable) at Jersey College.

\_\_\_\_\_  
Signature of Person Requesting Accommodation

\_\_\_\_\_  
Date



# JERSEY COLLEGE

## Request for Reasonable Accommodations Practitioner Information and Documentation Instructions

A qualified treating practitioner must complete ALL information in this Part II for Request for Reasonable Accommodations. This section may not be completed by the individual requesting the accommodation.

**IMPORTANT – READ!!** Appropriate documentation for approval of an accommodation is mandated. Therefore, qualified treating practitioners must provide the following:

- Name, title and professional credentials (license number) -- with specific certification or expertise related to the condition being diagnosed
- Documentation on letterhead typed, dated and signed and application Part II and III typed (when possible), dated, signed and otherwise legible.
- Clear diagnostic statement (including diagnostic sub-types where relevant) that describes the condition with a summary of present symptoms supporting the diagnosis.
- Present symptoms supporting the diagnosis and functional impact of the condition. A full clinical description conveys this information, as will diagnostic codes from the DSM (Diagnostic Statistical Manual of the American Psychiatric Association) or the ICF (International Classification of Functioning, Disability and Health of the World Health Organization.)
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and summary of evaluation results, including standardized or percentile scores. (See specific guidelines for learning disabilities, psychiatric disabilities, and ADD/ADHD) in Part III of this application.
- Description of the progression or stability of the disability over time and in context.
- Medical information relating to the individual's needs to include the impact of medication on the individual ability to meet the demands of the learning/workplace environment.
- A statement of the functional impact or limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning/workplace context for which accommodations are being requested.
- Specific recommendations for accommodations in the learning/workplace environment and rationale for each accommodation. Also, if applicable, must include any record of prior accommodations and an indication of how beneficial the accommodations were to the individual. Further assessment by an appropriate professional may be required if coexisting disabling conditions are indicated.

Part II of this requests provides questions and answers to meet the specifications of each of the foregoing documentation requirements. In the alternative of completing Part II, the qualified treating practitioner may provide the above information in letter form (on official letterhead, signed and dated).



**Request for Reasonable Accommodations - Part II  
Practitioner Documentation**

(Please type or write legibly)

**SECTION 1 - PRACTITIONER INFORMATION**

Practitioner Name (Last, First, Middle):			
Office Address:	City:	State:	Zip Code:
Telephone:	Email:		
Profession:	License Number:	State of License:	
Certification:	Specialty:		

**SECTION 2 – PATIENT INFORMATION**

Name of Patient (Last, First, Middle):	
Date Patient First Consulted (MM/DD/YY):	Date Patient Last Seen (MM/DD/YY):
Diagnosis of Disability:	
Length of Time with Condition:	Is the individual currently under your care? No: <input type="checkbox"/> Yes: <input type="checkbox"/> _____ (how long)

**SECTION 3 – OFFICIAL LETTER AND SUPPORTING DOCUMENTATION**

- Provide on your official letterhead a statement describing your credentials, area of specialty and information about any special qualifications that you have for helping people with the specific type of disability, including any experience working with other patients who have similar impairments (e.g., mental disability a psychologist or psychiatric, sight disability an ophthalmologist).
- Provide on your official letterhead a description of tests, assessments and evaluations that you performed on the patient’s behalf, which identifies any records or other materials reviewed as part of the testing process.
- Provide the institution with a copy of such test, assessments and evaluations. The age of acceptable documentation is dependent upon the disabling condition, the current status of the individual and the individual’s request for accommodations. Typically, current is defined as three years or less. For disabilities that do not substantially change over time (e.g., dyslexia) older documentation may be utilized. However, all documentation still needs to be current so that it reflects your current abilities and limitations. In such cases, a supplemental letter (on official letterhead) stating that the documentation accurately reflects the current abilities and limitations of the patient should be provided. For disabilities that may change substantially over time, or changes when a person is in different environments, the college requires recent (1 year or less) documentation to establish proof of the disability. An example of a disability that may change over time is attention-deficit/hyperactivity disorder (ADHD). An example of a disability that may become more or less severe with a change of environment is multiple sclerosis.







**SECTION 5 – REQUESTED ACCOMMODATIONS**

A. Describe the accommodations that you recommend to allow the patient to participate fully and equally in the educational program/workplace (as applicable).

---

---

---

---

---

---

---

---

---

---

B. How did you decide on the above accommodations? What is your rationale for the accommodation?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

C. How do you expect that the above accommodations will help the patient to participate fully and equally in the educational program/workplace? Please explain how the proposed accommodations are directly related to the disability to promote a fair and equal opportunity for learning/job performance?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SECTION 6 – CERTIFICATION OF PRACTITIONER**

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion of this application and that I may be asked to verify the above information at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**IMPORTANT: ATTACH SUPPORTING DOCUMENTATION TO THIS FORM**

**Checklist**

- A statement describing your credentials, area of specialty and information about any special qualifications that you have for helping people with the specific type of disability, including any experience working with other patients who have similar impairments (e.g., mental disability a psychologist or psychiatric, sight disability an ophthalmologist).
  
- A description of tests, assessments and evaluations that you performed on the patient's behalf, which identifies any records or other materials reviewed as part of the testing process. Please also provide the institution with a copy of such test, assessments and evaluations.

\*\*\*\*\*



## Request for Reasonable Accommodations - Part III

(Please type or write legibly)

A qualified treating practitioner must complete ALL information in this Part III for Request for Reasonable Accommodations. This section may not be completed by the individual requesting the accommodation.

**Instructions:** Only complete the section or sections related to the disability identified in Part II.

- Complete Section A for Physical disability
- Complete Section B for ADHD/ADD disability
- Complete Section C for Other Psychiatric disabilities
- Complete Section D for Learning disability



**AREA 2 – LIFE ACTIVITIES**

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s physical disability has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, ARD’s, FIE’s, SOP’s etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

<b>Life Activity</b>	<b>No Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>	<b>Don’t Know</b>
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				

From the above matrix, please list how you would expect the life activity limitations you rated as severe to impact the patient in the educational/workplace (as applicable) environment. Feel free to inform us of anything else you feel is important to be aware to reasonably accommodate this patient most effectively (use back page if necessary):

---



---



---



---





# JERSEY COLLEGE

## Section B

### Request for Reasonable Accommodations - Part III Disability Accommodation Attention Deficit (ADD)/ Attention Deficit Hyperactivity (ADHD) Documentation Form

(Please type or write legibly)

#### AREA 1 – DSM-V-TR MULTI-AXIAL DIAGNOSIS

What is your DSM-V-TR multi-axial diagnosis for this patient (include DSM Code and standard nomenclature)?

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V (GAF score): \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Most recent date you examined or treated patient: \_\_\_\_\_

#### AREA 2 – OTHER DIAGNOSIS FACTORS

In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which reasonable accommodations and services are appropriate for the patient.

Criteria	Notes
<input type="checkbox"/> Structured or unstructured interviews with the patient	
<input type="checkbox"/> Interviews with other persons	
<input type="checkbox"/> Behavioral observations	
<input type="checkbox"/> Developmental history	
<input type="checkbox"/> Educational history	
<input type="checkbox"/> Medical history	
<input type="checkbox"/> Neuro-psychological testing. Date(s) of testing?	
<input type="checkbox"/> Psycho-educational testing. Date(s) of testing?	
<input type="checkbox"/> Standardized or nonstandardized rating scales	
<input type="checkbox"/> Other (Please specify):	

**AREA 3 – LIFE ACTIVITIES**

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s ADD/ADHD has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, ARD’s, FIE’s, SOP’s etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

<b>Life Activity</b>	<b>No Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>	<b>Don’t Know</b>
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				





# JERSEY COLLEGE

## Section C

### Request for Reasonable Accommodations - Part III Psychiatric Disability Documentation Form

(Please type or write legibly)

#### AREA 1 – DSM DIAGNOSIS

Please provide the DSM code and Standard Nomenclature for patient and all scores to support the diagnosis (attach additional sheet, if necessary)?

---



---



---



---



---

Date of Diagnosis: \_\_\_\_\_ Most recent date you examined or treated patient: \_\_\_\_\_

#### AREA 2 – OTHER DIAGNOSIS FACTORS

In addition to DSM criteria and Standard Nomenclature, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which reasonable accommodations and services are appropriate for the patient.

	Criteria	Notes
<input type="checkbox"/>	Structured or unstructured interviews with the patient	
<input type="checkbox"/>	Interviews with other persons	
<input type="checkbox"/>	Behavioral observations	
<input type="checkbox"/>	Developmental history	
<input type="checkbox"/>	Educational history	
<input type="checkbox"/>	Medical history	
<input type="checkbox"/>	Neuro-psychological testing. Date(s) of testing?	
<input type="checkbox"/>	Psycho-educational testing. Date(s) of testing?	
<input type="checkbox"/>	Standardized or nonstandardized rating scales	
<input type="checkbox"/>	Other (Please specify):	

**AREA 3 – LIFE ACTIVITIES**

The following matrix is essential to establish eligibility. To qualify, the patient’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the patient’s psychiatric disability has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, ARD’s, FIE’s, SOP’s etc. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Please check an impact box for each life activity.

<b>Life Activity</b>	<b>No Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>	<b>Don’t Know</b>
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• Other (please describe)				





# JERSEY COLLEGE

## Section D

### Request for Reasonable Accommodations - Part III Disability Accommodation Learning Disability Documentation Form

(Please type or write legibly)

Patients applying for services and accommodations on the basis of a learning disability are required to submit a comprehensive psychoeducational assessment performed by a licensed psychologist. In accordance with guidelines developed by Association on Higher Education and Disability (AHEAD), the psychoeducational assessment should contain:

- Aptitude: A complete intellectual assessment with all sub-tests and standard scores reported.
- Academic Achievement: A comprehensive academic achievement battery with all sub-tests and standard scores reported for those sub-tests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
- Information Processing: Specific areas of information processing (e.g., short and long-term memory, sequential memory, auditory and visual processing, processing speed, executive functioning, and motor ability.)
- Conclusions: The report should conclude with a clinical summary which brings the supported judgment of the person conducting the assessment to bear in stating a diagnosis and suggesting accommodations which would be appropriate to the relative learning deficits and strengths of the patient.



