



FRANKLIN UNIVERSITY
Otte Center for Student Services
201 S. Grant Ave
Columbus, OH 43215

OFFICE OF DISABILITY SERVICES
Phone: 614.797.4700
Fax: 614.255.9518

accommodate@franklin.edu

How to Register with Disability Services

Franklin University is committed to ensuring that all students have equal access to its academic programs. We are dedicated to serving the needs of students whose disabilities may provide functional limitations in the academic setting.

Students with disabilities are entitled to reasonable accommodations according to Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act (ADA) of 1990*. Students have the right not to be discriminated against or treated with disrespect based on an actual or perceived disability. They are entitled to access all University programs if "otherwise qualified" to participate. However, along with these rights come responsibilities.

Section 504 of the *Rehabilitation Act of 1973* states that a student with a disability (who is in need of auxiliary aids) is obligated to provide notice of the nature of the disabling condition to the college. To do this you must register with the Office of Disability Services Coordinator.

REGISTRATION:

You may register with the Office of Disability Services as a new student, a current student, or if you were just diagnosed with a disability or impairment. To register:

- ✓ Schedule an appointment with the Disability Coordinator for an intake/accommodation assessment.
- ✓ Complete the attached Disability Services Application.
- ✓ Acquire and submit current documentation from a qualified medical professional of your disability. (See below for documentation requirements)

Definition of a Disability. A person has a disability if he or she has a physical or mental impairment that substantially limits one or more "major life activities. Major life activities include functions such as walking, seeing, hearing, breathing, learning, working, caring for oneself, and performing manual tasks. A "qualified individual with a disability" does not include active alcoholism or current illegal drug use (Americans with Disabilities Act of 1990).

Diagnosis by a Qualified Professional. Students requesting services must provide current documentation of their disability from a qualified professional. (A "qualified professional" holds a Ph.D., M.D., or Ed.D. and has significant experience diagnosing and/or treating the given disorder). The documentation should provide information regarding the onset, longevity, and severity of symptoms as well as a specific description of how it has interfered with educational achievement.

(OVER)

Confidentiality Statement. All documentation submitted to Franklin University pertaining to disabilities, impairments, or services rendered is **confidential**. Information will not be shared with anyone without your written permission.

Self-Identification of a Disability. You may choose to self-identify as a person with a disability or impairment to Professors, Academic Advisor(s), and/or Support Staff. Disclosure of this information is entirely voluntary, and no adverse consequences will result from providing this information. It may be of benefit to you to disclose your disability and/or impairment to all interested parties so that you obtain all the necessary accommodations.

Below are general guidelines as to what documentation will be needed to establish reasonable accommodations for you at Franklin University. **If the documentation is incomplete or inadequate, you may be required to provide additional documentation. You are responsible for any costs associated with obtaining documentation.**

DISABILITY/IMPAIRMENT TYPE			
DOCUMENTATION GUIDELINES	<i>Deaf & Hearing-Impaired</i>	<i>Visually Impaired</i>	<i>Psychiatric & Learning Disabilities</i>
		Audiogram and/or audiologist's report documenting a hearing loss that necessitates support services in order to participate in classes.	Report from ophthalmologist/optometrist documenting the need for services other than corrective lenses.

Accommodations are determined on a case-by-case basis, depending on the nature of the disability and the documentation provided.

All documentation regardless of the disability should include the professional's recommendation for classroom accommodations based on the assessment.

**** Please note: Individualized Education Programs (IEP's) or 504 Plans helpful, but they rarely establish rationale for accommodations. Additional documentation may be recommended.**



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DISABILITY SERVICES APPLICATION

Please complete the following form to the best of your ability. If you have questions about completing this form, please contact the Office of Disability Services at (614) 797-4700, or email accommodate@franklin.edu.

CONTACT INFORMATION

		DATE:	
NAME			
ADDRESS			
SOCIAL SECURITY NUMBER OR STUDENT ID			
DATE OF BIRTH			
HOME NUMBER:		WORK NUMBER:	
		CELL NUMBER:	
EMAIL ADDRESS			

ACADEMIC INFORMATION

Did you receive services in High School? Yes No

If so, please describe services:

What other Universities have you attended?

(1) Institution:		Did you receive accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving:

(2) Institution:		Did you receive accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving:

(3) Institution:		Did you receive accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving:

DISABILITY INFORMATION

Type(s) of Disability:

Identify all that apply and for which you are submitting official documentation from a medical provider.

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Medical/Health Impairment |
| <input type="checkbox"/> Emotional/Psychological Disability | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Physical/Mobility Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | |

Explain how your disability impacts you in an educational setting.

At what age were you diagnosed with your disability?

Are you currently taking any medication related to this disability?

Are you a client or member of:

Vocational Rehabilitation

- Yes
 No

Recording for the Blind and Dyslexic

- Yes
 No

Commission for the Blind

- Yes
 No

National Library Talking Book Services

- Yes
 No

STATEMENT OF RESPONSIBILITY:

I UNDERSTAND that I will be notified of the accommodations that I receive within one week of receipt of all documentation, and that any requests for other accommodations during the semester may be delayed because of the resources that need to be pulled to meet the request (ex: taped/electronic books).

I UNDERSTAND that it is my responsibility to contact the Disability Coordinator EVERY semester to discuss which classes I will need accommodations for.

I UNDERSTAND that it is my responsibility to notify the Office of Disability Services if I ADD or DROP any classes from my schedule.

I UNDERSTAND that it is my responsibility to notify the Office of Disability Services if I am having problems with the accommodations that have been provided.

Student Signature:

Date:

Franklin University does not discriminate on the basis of age, religion, race, ethnicity, color, national origin, ancestry, immigration status, sex, sexual orientation, gender identity or expression, marital or familial status, disability, or veteran or military status. For inquiries about the University's non-discrimination policies, please contact the Dean of Students Office, Otte Student Services Center, 201 S. Grant Ave., Columbus, OH 43215, 614-947-6758, advocate@franklin.edu