

The University of Alabama in Huntsville provides academic support services to individuals with disabilities through the Disability Support Services (DSS) program. Any student who has a documented disability that impedes or interferes with optimal learning and functioning can request coordination of appropriate academic support services by identifying the specific needs.

The DSS personnel oversee and coordinate programs to ensure accessibility to students with disabilities on an individual basis. The University of Alabama in Huntsville strives to provide equal access to a college education as well as support to students with disabilities as they are involved in the university community.

Procedure to Receive DSS Services

1. Apply and be accepted for admission at UAHuntsville. Students go through standard admission procedures.
2. Complete an application for DSS eligibility and return it along with documentation following DSS written guidelines.
3. Once all paperwork is received, the file will be reviewed by the Disability Services Coordinator for eligibility according to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.
 - a. New students are encouraged to apply for services at least 30 days prior to the semester in which they desire accommodations to allow the DSS to process, review, and contact the student.
 - b. If additional information is needed, the process might take longer.
4. The Disabilities Services Coordinator will determine which, if any, accommodations may be made and will have the secretary schedule an appointment with the student to discuss the case.
5. **A student is considered registered with DSS when they have completed all application paperwork, all intake/registration paperwork has been approved, and have met with the Disabilities Services Coordinator.**

Documentation Guidelines

Students with disabilities who are requesting accommodations from UAHuntsville must submit **CURRENT** documentation of their disability to DSS. DSS provides detailed standards for documentation of disabilities. These standards correspond with federal guidelines, and are based on the Association on Higher Education and Disability (AHEAD) and the Educational Testing Service (ETS) guidelines on documentation of disabilities. Documentation costs are the student's responsibility.

The attached guidelines should be provided to the person or agency responsible for conducting the evaluation.

Complete documentation only for the disabilities that apply to your situation.

IMPORTANT –The documentation criteria should be given to your physician or evaluator!

The Disability Support Service (DSS) at the University of Alabama in Huntsville provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current (usually within 3 years, though it may be less depending on the condition) and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis. An evaluation performed by a qualified professional (such as a licensed physician or audiologist) should be provided to the UAH Disability Services in addition to the application provided by the student. **Documentation of physical, sensory, or health-related disabilities (including, but not limited to, orthopedic, hearing, visual, systematic, or chronic illnesses) should include the following items with appropriate explanation in the form of a narrative report (on letterhead) from a licensed professional (i.e., the items must be typed out in the report with the appropriate information) including the signature from the licensed professional.**

NOTE: No application to DSS will be considered without all information.

Professional Evaluator Checklist:

- 1. DSM IV/ICD9 diagnosis; date of diagnosis; date of last contact with student.
- 2. Please describe **symptoms** that meet the criteria for this diagnosis and report evaluation and assessment results.
 - ❖ Please attach any related diagnostic report (audiogram, physical capacity evaluation, etc.).
 - ❖ Please include the severity, duration, and expected long-term impact of the diagnosis/symptoms.
- 3. Describe the prognosis (short/long-term) for this condition.
- 4. Please list the student's current prescribed medication(s), dosage, frequency and possible adverse side effects **as they relate to academic performance.**
- 5. Please describe how this disorder exhibits itself as a **current substantial limitation to a major life activity** in a college academic environment.
- 6. Please provide your recommendations for reasonable academic accommodations to equalize this student's opportunities at a post-secondary level. *Include your rationale for arriving at these recommendations and how they would be helpful in equalizing the student's opportunities.*
 - ❖ Please include any record of student's prior accommodation or auxiliary aides, including information about specific conditions under which the accommodations were used (e.g. standardized testing, final exams, licensing/certification exams) and discuss how accommodations were helpful or not helpful. **[Please note that under Section 504 and ADA, the notion that a student "would benefit from" a certain accommodation is not a sufficient rationale for providing accommodations. The intent of the law is to equalize educational opportunities, not to "guarantee success" in post-secondary education.]**
- 7. Please describe any relevant information you may have, that has not been addressed, regarding this student's potential for success at UAH.
- 8. In your report, please ensure that the following information is included: Your name and signature, your degree, license and certification information (including title and credentials), place of employment, and contact information.
- 9. Please return your report to:

(by mail or fax, do not allow student to hand deliver)	Disability Support Services University of Alabama in Huntsville 317 Wilson Hall Huntsville, AL 35899 Phone: (256) 824-1997 Fax: (256) 824-5655
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IMPORTANT –The documentation criteria should be given to your physician or evaluator!

The Disability Support Service (DSS) at the University of Alabama in Huntsville provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis. **Documentation of a psychological disability should include the following items with appropriate explanation in the form of a narrative report (on letterhead) from a licensed professional (i.e., the items must be typed out in the report with the appropriate information) including the signature from the licensed professional.**

NOTE: No application to DSS will be considered without all information.

Documentation of a psychological disability should include the following items with comprehensive explanations in the form of a narrative report (on letterhead) from a licensed professional (the items must be typed out in the report with appropriate information):

- 1. DSM IV Diagnosis; date of diagnosis; last contact with student.
- 2. Please describe the symptoms associated with this disorder as they are currently manifested in this student, including:
 - ❖ A. Severity of impairment
 - ❖ B. Duration of impairment
 - ❖ C. Expected long-term impact in a college academic environment
- 3. Please describe how this disorder exhibits itself as a **current substantial limitation to learning** in the college academic environment.
- 4. Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects as they relate to academic performance.
- 5. Please list any recommendations you would have for academic accommodations that would help this student succeed in the college environment. These recommendations will be used to help determine the appropriate accommodations that will be made available to this student.
- 6. Please describe any specific concerns that have not been addressed, regarding this student's potential for success at UAH.
- 7. In your report, please ensure that the following information is included: Your name and signature, your degree, license and certification information (including title and credentials), place of employment, and contact information.

Please return your report to:
(by mail or fax—do not
allow student to hand
deliver)

**Disability Support Services
University of Alabama in Huntsville
317 Wilson Hall
Huntsville, AL 35899
Phone: (256) 824-1997
Fax: (256) 824-5655**

IMPORTANT –The documentation criteria should be given to your physician or evaluator!

The Disability Service (DS) office at the University of Alabama in Huntsville provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. The diagnosis of a learning disability should be evidenced by a psychological/educational evaluation performed by a qualified and licensed professional such as a clinical or educational psychologist, school psychologist, neuro-psychologist, medical doctor, educational diagnostician or other qualified professional. Because the provision of reasonable accommodations is based upon assessment of the current impact of the disability on the student's academic functioning, **DS staff requests this evaluation to have been performed by a qualified professional within the last three years.**

NOTE: No application to DSS will be considered without all information.

Professional Evaluator Checklist:

- A. A Comprehensive assessment which addresses the following domains:
 - ❖ **APTITUDE** - A complete intellectual assessment with all scores reported. The WAIS-R or the WIAS-III is the highly preferred instrument. The Woodcock-Johnson and Stanford-Binet are also acceptable.
 - ❖ **ACHIEVEMENT** -A comprehensive academic achievement battery is essential. Preferred instruments include the Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement; WAIT; TASK; SATA; or specific achievement tests (e.g., TOWL-3).
 - ❖ **INFORMATION PROCESSING** - Specific areas of information processing (i.e. short/ long term memory, sequential memory, auditory/visual perception, processing speed, etc) should be addressed. Preferred tests include the DTLA-3, the DTLA-A, information from subtests on WAIS-R or WAIS-III, and the WJ-R.
- B. A thorough evaluation report of the above assessment by a licensed professional.
 - ❖ **All subtest scores must be reported; all standard scores and percentiles must also be reported and interpreted on your written evaluation. Grade equivalents are not useful unless standard scores and percentiles are also included.**
- C. Please also include the following items in narrative report form by a licensed professional:
 - ❖ 1. DSM IV Diagnosis; date of diagnosis; date of last contact with student
 - ❖ 2. Please indicate the **nature** and **severity** of the learning disability, explaining **how** patterns in the student's cognitive ability, achievement and information processing reflect the presence of LD.
 - ❖ 3. Please indicate the current **substantial limitation** to learning or other major life activity presented by the learning disability **and the degree to which it impacts the individual** in the learning context for which reasonable accommodations are being requested.
 - ❖ 4. Please provide an individualized, *detailed* history of the student's educational, medical, psychosocial, and family histories that relate to the learning disability, including evidence to **rule out any alternate explanation or diagnosis.**
 - ❖ 5. Please provide your *recommendations* for **reasonable** academic accommodations **to equalize** this student's opportunities at a post-secondary level.
 - *Include your rationale for arriving at these recommendations and how they would be helpful in equalizing the student's opportunities.*
 - Please include any record of student's prior accommodation or auxiliary aides, including information about specific conditions under which the accommodations were used (e.g. standardized testing, final exams, licensing/certification exams) and discuss how accommodations were helpful or not helpful.
 - **Please note that under Section 504 and ADA, the notion that a student "would benefit from" a certain accommodation is not a sufficient rationale for providing accommodations. The intent of the law is to equalize educational opportunities, not to "guarantee success" in postsecondary education.**
 - ❖ 6. Please describe any relevant information you may have, that has not been addressed, regarding this student's potential for success at UAH.
 - ❖ 7. Please attach a copy of your report to this document before submitting it to our office.
 - ❖ 8. In your report, please include the following information: Your name and signature, degree, license and certification information (including title and credentials), place of employment, and contact information.
- D. Please return your report to:

(by mail or fax—do not allow student to hand deliver)	Disability Support Services 317 Wilson Hall Huntsville, AL 35899	Phone: (256) 824-1997 Fax: (256) 824-5655
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IMPORTANT –The documentation criteria should be given to your physician or evaluator!

The Disability Support Service (DSS) at the University of Alabama in Huntsville provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. **Diagnosis of an attention deficit disorder should be made by a psychiatrist, licensed clinical or educational psychologist, neurologist, developmental or behavioral pediatrician, or a combination of such professionals.** Because the provision of reasonable accommodations is based upon assessment of the current impact of the disability on the student’s academic functioning, **DS staff requests this evaluation to have been performed by a qualified professional within the last three years.**

NOTE: No application to DS will be considered without all information.

Professional Evaluator Checklist:

- 1. DSM IV diagnoses; date of diagnosis; date of last contact with student
- 2. Please indicate which instruments and procedures were used to diagnose the ADHD.
Please check all relevant items **and submit copies of them.**
Be aware that we require, in narrative form and on letterhead, comprehensive developmental, family and medical histories.
 - Clinical Interview
 - Interview with other persons
 - Developmental History
 - Educational history
 - Medical history
 - Behavioral rating scale
 - DSM-IV diagnosis
 - Neuro-psychological testing
 - Psycho-educational testing
 - Other (please specify) _____.
- 3. Please describe symptoms that meet the criteria for this diagnosis and report all test results.
 - ❖ Please show significant evidence of the onset of ADHD before age 7, including your analysis of objective data consulted to verify early appearance of symptoms. Please attach your comprehensive family and developmental history. Please note that you must provide convincing verification that ADHD symptoms appeared early in childhood and at least by middle school caused a demonstrable interference in the student’s overall functioning. The only exception to this is if you have diagnosed the ADHD as a result of a head injury or other similar physical trauma.
 - ❖ Describe and explain the presence of the relative temporal stability of the symptoms of ADHD across multiple domains (e.g., school, home, work, social interactions with friends, etc.).
- 4. Please attach your diagnostic report in narrative form. Records of office visits will not suffice nor will simple copies of rating forms or checklists. In your report should include the following information:
 - ❖ Please include severity of impairment, duration and expected long-term impact.
 - ❖ Please include the current symptoms the student is experiencing. Please be aware that we must see ample evidence across settings of pervasive limitations in the student’s ability to adjust across their broad spectrum of experience (i.e., across multiple domains including school, home, work, etc.).
 - Please provide compelling data that these symptoms significantly and seriously interfere with normal functioning (compared to the general population, not student’s peer group).
 - Provide specific examples across two or more life domains and across time.
 - ❖ Please include all test data. Please be aware that we will not consider any test data in isolation (i.e., without all of the information requested on this form). Please also be aware that the WAIS’s Freedom from Distractibility factor is not good evidence of the presence of ADHD; neither are similar estimates based on the Woodcock-Johnson or the Nelson Denny. Please also be aware that a positive response to medications is not sufficient evidence of ADHD.
 - ❖ Please provide evidence that the student has a poor history of self-control and disinhibition (i.e., impulsive behavior that is/was clinically significant and represents a severe departure from normal developmental functioning. Please be aware that inattention alone is a common symptom of nearly every psychiatric disorder.

- ❖ Please provide evidence of ruling out other psychiatric conditions including but not limited to mood disorders, anxiety disorders, dissociative disorders, personality disorders, learning disorders, sleep disorders, and substance abuse issues.
 - Please also provide evidence of having ruled out academic problems as a result of poor education, poor motivation or study skills, physical problems, and/or cultural or language differences.
 - Please include the criteria in the DSM-IV that require you to rule out other disorders (e.g., mood and anxiety disorders, pervasive developmental disorder, etc.)
- 5. Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects, **as they relate to academic performance.**
 - Please provide a rationale for why the student will need academic accommodations in addition to medication.
 - Please speak to how or whether the medications mitigate the effect of the ADHD on the student's overall functioning.
- 6. Please provide your recommendations for **reasonable** academic accommodations **to equalize** this student's opportunities at a post-secondary level. *Include your rationale for arriving at these recommendations and how they would be helpful in **equalizing** the student's opportunities.*
 - ❖ Please include any record of student's prior accommodation or auxiliary aides, including information about specific conditions under which the accommodations were used (e.g. standardized testing, final exams, licensing/certification exams) and discuss how accommodations were helpful or not helpful. **[Please note that under Section 504 and ADA, the notion that a student "would benefit from" a certain accommodation is not a sufficient rationale for providing accommodations. The intent of the law is to equalize educational opportunities, not to "guarantee success" in post-secondary education.]**
- 7. Please describe any other relevant information you may have, that has not been addressed, regarding this student's potential for success at UAH.
- 8. In your report, please ensure that the following information is included: Your name and signature, your degree, license and certification information (including title and credentials), place of employment, and contact information.
- 9. Please return your report to:

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**AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL
DISABILITY INFORMATION**

0811

Please print!

Student Name: _____ Student ID #: _____

I hereby authorize:

____ University of Alabama in Huntsville
Student Disability Support Services Office

____ Other Institution/Facility _____

To release the following information:
(check all that apply)

____ Pertinent information contained in my file

____ Pertinent information required to arrange reasonable and appropriate accommodations

____ Other: _____

This information may be **released to**:
(check one)

____ The Disability Support Services Office of the University of Alabama in Huntsville
317 Wilson Hall, Huntsville, AL 35899 (256) 824-1997 (phone) or (256) 824-5655 (fax)

____ Alabama Department of Rehabilitation Services

____ Parents (Name: _____)

____ Members of the UAH faculty, administration, and/or staff

(Name: _____)

____ Other Institution/Facility: _____)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature: This authorization is valid for a specified amount of time and may be revoked at any time in writing prior to the expiration date. Additional authorization for disclosure beyond recipient is required. Length of time authorization is valid for: _____ (if not otherwise specified, the release is valid for 160 days).

Student Signature: _____ Date: _____

Any photographic or machine copy of this signed form will be legal.

Notice to person/agency receiving disability information: This information has been disclosed to you from records whose confidentiality may be protected by federal and state law. If the records are so protected, you are prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. An unauthorized disclosure of disability information is unlawful and may result in civil damages and/or criminal penalties.