



REQUEST FOR ACCOMMODATIONS FOR NEW STUDENTS 2016-2017

"No otherwise qualified individual with a disability shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." - Section 504 of the Rehabilitation Act of 1973 protects the civil rights of individuals with a qualified disability.

A "qualified person with a disability" is defined as one who meets the requisite academic and technical standards required for admission or participation in the postsecondary institution's programs and activities.

Accommodations that create a fundamental alteration of a course or program of study will not be provided.

General Information:

Name: _____

Today's Date: _____ **Date of Birth:** _____

Student ID Number: _____ **Social Security Number:** _____

Primary Phone: _____ **Secondary Phone:** _____

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Email: _____

Armed Forces Status:

Active Duty Veteran Not Applicable

Active Duty

Veteran

Not Applicable

If you would like to request this form in an alternative format or, please contact Disability Support Services at 301-934-7614 or via email

High School Data:

High School Attended: _____

Date of Graduation/Completion: _____

High School Diploma Certificate of Completion GED External Diploma

High School Academic Track:

Special Education Certificate College Prep Honors

Did you participate in "Try College for a Day" at CSM? La Plata Prince Frederick Leonardtown

Did not attend

If so, what year(s)? _____

Student Goals:

Degree Seeking:

AA Degree BA/BS Degree

Expected date of graduation: _____

Do you plan to transfer to a 4 year institution?

Yes No

If so, when? _____

Other institution(s) are you considering:

Post-secondary classification:

Freshman (0-29 credits)
 Sophomore (30+ credits)
 Transfer

Placement Test Date:

Results/Scores:

Writing: _____ Placement: _____
Reading: _____ Placement: _____
Arithmetic: _____ Placement: _____
Algebra: _____ Placement: _____

Continuing Education:

Personal Enrichment
 Certification

Expected date of completion:

Certification program:

Workkeys Test Date:

Results/Scores:

Writing: _____
Reading: _____
Math: _____

Financial Support:

Grants/Scholarships: _____

Department of Rehabilitation Services (DORS): Yes No

Social Security Disability Insurance: Yes No

Veterans Affairs: Yes No

Employment: Part-Time Full-Time

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Services Received from:

Department of Rehabilitation Services (DORS) Counselor's Name: _____

County: _____ State: _____ Counselor's Phone #: _____

Veteran's Administration Counselor's Name: _____

County: _____ State: _____ Counselor's Phone #: _____

Other Provider Counselor's Name: _____

County: _____ State: _____ Counselor's Phone #: _____

Disability Information:

Check all documented disabilities that apply to you:

<input type="checkbox"/>	ADD/ADHD – Attention Deficit Disorder	<input type="checkbox"/>	Mental or Emotional Disorder
<input type="checkbox"/>	Arthritis (Severe)		Specify Type: _____
<input type="checkbox"/>	Autism Spectrum Disorder/Asperger's Syndrome	<input type="checkbox"/>	Mobility Impairment
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Epilepsy/Seizure Disorder		Specify Type: _____
<input type="checkbox"/>	Hearing Impaired:	<input type="checkbox"/>	Psychiatric Disorder
	<input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing		Specify Type: _____
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	PTSD - Post Traumatic Stress Disorder
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Speech Impairment
	Specify Type: _____	<input type="checkbox"/>	Spinal Cord Injury
<input type="checkbox"/>	Loss of Limb	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Medical Disability:	<input type="checkbox"/>	Traumatic Brain Injury
	Specify Type: _____	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Blind <input type="checkbox"/> Low Vision

Medication:

List any medications you are currently prescribed and/or taking and any side effects of these medications that adversely affect: your daily activities:

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Previous Accommodations:

List accommodations received in *previous academic environments*:

List schedule and accommodations requested for:

Semester: _____

Year: _____

Class	Instructor	Course Type	Day(s)	Time	Building/ Room #

Campus Attending: La Plata Leonardtown Prince Frederick Waldorf

X Signature: _____ **Date:** _____

Parent or guardian if student is under 18:

X Signature: _____ **Date:** _____

**College of Southern Maryland Emergency Guidelines
for Individuals with Disabilities**

The safety of individuals with disabilities is a shared responsibility. CSM is committed to developing and implementing procedures to assist individuals with disabilities during an emergency. Likewise, individuals with disabilities should create a personal emergency plan which addresses their needs before and during an evacuation.

Development of a Personal Emergency Plan

The development of a personal emergency plan should include the following steps:

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Step 1: Register

Students with disabilities who need assistance should register with the Disability Support Services (DSS) office on the campus they are attending.

Step 2: Develop Personal Evacuation Instructions

Assistance required during an evacuation should be written down on a card and carried by the individual with disabilities at all times. The card should instruct others on the best ways to assist and the number of persons needed to help.

Step 3: Develop a "buddy system"

Prepare for emergencies in advance by establishing a primary and an alternate "buddy" for each class or office location. A "buddy" could be a classmate, instructor, supervisor, or co-worker. An individual's personal evacuation instructions should be shared with their "buddies." A "Buddy" will assist individuals with disabilities to an evacuation assembly area outside the building or to a safer area within a building (e.g. stair landing, room away from imminent danger, another wing, opposite end of corridor). A second person should immediately notify emergency personnel where an individual is located. Police or Fire/Rescue personnel will decide if individuals are safe where they are or evacuate them as necessary. A "buddy" should stay with an individual until the emergency is over.

If an individual with a disability is alone during an emergency, they should contact the campus security office and provide their present location. The security office can be contacted by a cell phone, a campus emergency telephone, or an office telephone.

Step 4: Know Your Environment

Become familiar with emergency exits, evacuation routes in campus buildings, and campus evacuation assembly areas. Elevators are not to be used as an emergency exit unless instructed by emergency personnel. Determine the building exit nearest your classroom or office. In the event that this exit is blocked, be familiar with alternate exits.

Step 5: Know Campus Telephone Numbers

Campus Safety and Security

- La Plata: 301-934-7888
- Leonardtown: 240-725-5333
- Prince Frederick: 443-550-6033

Disability Support Services for Students

- La Plata: 301-934-7614
- Leonardtown: 240-725-5420
- Prince Frederick: 443-550-6009

Step 6: Register with Campus Facilities

It is important for campus facilities to maintain a list of individuals with disabilities who may need assistance in case of an emergency. By registering, you may enable a more efficient response in the future. You can register by completing the attached form and return it to your campus's ADA coordinator

I, _____, have read and understand the College of Southern Maryland Emergency Guidelines for Individuals with Disabilities.

X _____
Signed:

Date:

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Campus Emergency Response Registration for Individuals with Disabilities

Student Name _____ Date _____

Disability _____

Special Needs in case of campus emergency:

Additional relevant info (i.e. "I am involved in SGA and we sometimes meet on the second floor of the C building." or "I spend a lot of time studying in the library in the LR building.")

For DSS use only:

A meeting was held on _____ and attended by:

_____/_____/_____