



DISABILITY SUPPORT SERVICES: REQUEST FOR ACCOMMODATIONS

"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

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.

Requesting For:

New Student Returning Student Interim Student Cont. Education/Drivers Ed.

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: _____

Campus Attending:

La Plata Leonardtown Prince Frederick Waldorf Hughesville

Other: _____

Employment Status:

Full Time _ Part Time _ Unemployed _

Armed Force Status:

Active Duty Veteran Not Applicable

Medication:

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

Placement Scores: New Students Only

English ____ Math ____ Reading ____

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

Previous Accommodations:

List accommodations received in *previous academic environments*: Write NA if not applicable

List accommodations you are requesting:

Semester: _____ Year: _____

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: Specify Below |
| <input type="checkbox"/> Arthritis (Severe) | |
| <input type="checkbox"/> Autism Spectrum Disorder or 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 Specify Below |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | |
| <input type="checkbox"/> Hearing Impaired: | <input type="checkbox"/> Psychiatric Disorder Specify Below |
| <input type="checkbox"/> Deaf | |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> PTSD - Post Traumatic Stress Disorder |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Learning Disability: Specify Below | <input type="checkbox"/> Spinal Cord Injury |
| | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Loss of Limb | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Medical Disability: Specify Below | <input type="checkbox"/> Visual Impairment |
| | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Low Vision |

Schedule:

| Class | Instructor | Course Type | Day(s) Time (ex T:7-8,Th:1-2) | Building/ Room # |
|-------|------------|-------------|----------------------------------|---------------------|
| | | | | |
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| | | | | |

Class Descriptions:

For every class please include a description of the course and what activities it may require:

High School Data: DO NOT FILL IF RETURNING STUDENT

High School Attended: _____

Date of Graduation or Completion of High School or equivalent: _____

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: Please describe the goals you strive to achieve in your college experience.

These goals can be for personal gain, to transfer to a 4 year institution, associates degree, drivers Ed. or anything you feel relevant.

Continuing Education Program of Study: _____

Expected Date of Completion: _____

By signing I guarantee the information provided is correct to the best of my abilities.

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:

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 | Leonardtwn | Prince Frederick |
| (301)-934-7888 | (240)-725-5333 | (443)-550-6033 |

Disability Support Service for Students

| | | |
|----------------|----------------|------------------|
| La Plata | Leonardtwn | Prince Frederick |
| (301)-934-7614 | (240)-725-5420 | (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.

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.")

DSS USE ONLY:

A meeting was held on _____ and attended by: _____,

Documentation was appropriate: Yes

No If no, list why:

Referral made to DORS: Yes No

If yes, date of referral:

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

Signature: _____ Date: _____