REQUEST FOR ACCOMMODATIONS FOR CONTINUING EDUCATION AND DRIVERS EDUCATION 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 who are qualified individuals.

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

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

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)? __________
**Disability Information:**
Check all documented disabilities that apply to you:

- □ ADD/ADHD – Attention Deficit Disorder  □ Mental or Emotional Disorder
- □ Arthritis (Severe)
- □ Autism Spectrum Disorder/Asperger’s Syndrome  □ Mobility Impairment
- □ Cancer
- □ Cerebral Palsy  □ Multiple Sclerosis
- □ Diabetes  □ Orthopedic Impairment
- □ Epilepsy/Seizure Disorder  Specify Type: ______________________________
- □ Hearing Impaired:  □ Psychiatric Disorder
  - □ Deaf  □ Hard of Hearing  Specify Type: ______________________________
- □ Heart Condition  □ PTSD - Post Traumatic Stress Disorder
- □ Learning Disability  □ Speech Impairment  Specify Type: ______________________________
- □ Loss of Limb  □ Spinal Cord Injury
- □ Medical Disability:  □ Stroke  Specify Type: ______________________________
- □ Other: ______________________________  □ Blind  □ Low Vision

**Student Goals:**
- □ Personal Enrichment  □ Certificate  □ Drivers Education

- Continuing Education Program of Study: ______________________________

- Expected Date of Completion: ______________________________

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

________________________________________________________

________________________________________________________

________________________________________________________

**Previous Accommodations:**
List accommodations received in previous academic environments:

________________________________________________________

________________________________________________________

________________________________________________________

**List schedule and accommodations requested for:** Semester: _________ Year: _________
<table>
<thead>
<tr>
<th>Class</th>
<th>Instructor</th>
<th>Course Type</th>
<th>Day(s)</th>
<th>Time</th>
<th>Building/Room #</th>
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**Campus Attending:** □ La Plata □ Leonardtown □ Prince Frederick □ Waldorf □ Other: _______

**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.”)

X Signature: ______________________________________________________ Date: ______________________

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:

____________________________________
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

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<th>Campus Safety and Security</th>
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<td>La Plata</td>
<td>Leonardtown</td>
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<tr>
<td>301-934-7888</td>
<td>240-725-5333</td>
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<th>Disability Support Services for Students</th>
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<tr>
<td>La Plata</td>
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<td>301-934-7614</td>
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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.