

## Disability Support Services (DSS) New Student Registration Packet

### **GUIDELINES FOR STUDENTS WITH DISABILITIES**

The following notes are intended to offer assistance to students at California Lutheran University who choose to identify themselves as having disabilities which qualify them by federal law as eligible for reasonable services and accommodations. It is the stated philosophy of this university to provide an environment of equal access and opportunity for students with disabilities that in turn may lead to their independence. Disability Support Services (DSS) provides needed aids and services to meet the needs of students with disabilities. DSS is housed within the Center for Student Success in the Pederson Administration building.

### **STUDENT'S RESPONSIBILITIES**

The choice and initiative to request reasonable accommodations and aids as a person with disabilities belongs to you as the student. The first step is for you to schedule an appointment with the Disability Support Services Coordinator. (805) 493-3260.

The initial appointment is meant to provide an overview of DSS, explore your individual disability-related needs in the academic setting, and discuss the necessary paperwork for registering with DSS.

In order to begin the process of determining eligibility as a student with disabilities, the following items are required:

- Schedule a meeting with the DSS coordinator. This is your responsibility as the student to schedule the initial meeting. This is your responsibility each new semester/ term for which you would need to request services; it is best to do so prior to or at the beginning of each new semester/term.
- Provide recent disability information describing how it impacts you in relation to academic goals. (For further details, refer to the "Appropriate Disability Information Handout" on the website or request the handout from DSS).
- Complete DSS registration paperwork; the semester/term paperwork needs to be submitted each new semester/term in which DSS services are requested.
- Be enrolled at Cal. Lutheran.

If DSS eligibility is determined, you are responsible to maintain a close relationship with DSS staff so that your requests can be met in a timely and reasonable way. You are also responsible to keep DSS aware of any academic problems or obstacle you may be encountering. Some accommodations may take more time to arrange, so you need to discuss specific needs with the DSS coordinator well in advance of the start of the new semester/term.

### **DSS COORDINATOR'S RESPONSIBILITY**

My responsibility is to be accessible and responsive to your requests and concerns. I am here to see that you receive the approved, reasonable services and accommodations in a timely manner. Specifically, I am responsible to:

- Receive and review your disability information for DSS eligibility and appropriate accommodations/services; this may include presenting it to the Documentation Review Committee (DRC) for further assessment.
- Request further disability information as needed.
- Establish and maintain a confidential file to be kept in the office.
- Work directly with you to address specific disability-related needs.
- Communicate and implement approved services and accommodations with appropriate Cal. Lutheran constituents.

Student's Initials \_\_\_\_\_

**GENERAL DSS INFORMATION**

A student's personal DSS file, kept in the Center for Student Success, will include the following:

- His/her requests indicated through the DSS forms submitted each semester/term
- All disability information
- Release of information form
- Necessary correspondence and pertinent meeting summaries.

All DSS file information is kept confidential and will not be transferred to any other Cal Lutheran office without the student's consent. DSS files are stored in accordance with the FERPA regulations.

In order for a student to request copies of, or review his/her file, a formal request must be submitted to the DSS coordinator; this form can be requested from DSS or printed from the website.

Submitting further disability information is typically not required once the student is registered with DSS. It is, however, the student's responsibility to provide an update to the office if there is any substantial change to be made to the initial disability information provided.

**GRIEVANCE PROCEDURE**

Students and applicants may appeal decisions regarding requested accommodations, or qualifications, as a student with disabilities to the Director of the Center for Student Success. Grievances should be made in writing and should be presented within ten working days following the decision that is being appealed so that relevant documents may be obtained, individuals involved may be interviewed, and action will be taken promptly if it is needed. Replies to appeals will be provided within four-five days, with the goal of providing an equitable decision for all involved.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



Disability Support Services (DSS)
Center for Student Success
60 West Olsen Road #5300, Thousand Oaks, CA. 91360
Tel: (805) 493-3260 Fax: (805) 493-3472
Email: DSS@callutheran.edu
www.callutheran.edu/student-success/accessibility
TTY to Voice (800)735-2929 California Relay Service

Release of Information

Student's Name (printed): \_\_\_\_\_ Student's ID#: \_\_\_\_\_

I understand that the DSS personnel will adhere to the Family Education Rights to Privacy Act (FERPA) regulations regarding my DSS records. DSS personnel, and/or the Director of the Center for Student Success, will share only necessary information regarding my participation in DSS with Cal Lutheran agencies and/or persons with a legitimate educational need to know as allowed by FERPA.

I understand that by signing this document I have had the opportunity to speak to the Coordinator of the Disability Support Services (DSS), and/or the Director of the Center for Student Success, regarding the confidentiality of my DSS file in accordance to FERPA. .

I understand that this form is pertaining only to my DSS file and records.

By checking one or both of the below boxes, and inserting the individual(s) name with relationship to me, I am permitting DSS personnel to speak with the indicated person(s) below regarding my DSS participation. Checking either of these boxes is optional.

[ ] Parent(s)/ Guardian(s): \_\_\_\_\_ and/or \_\_\_\_\_

[ ] Other (i.e.: Personal physician, therapist, or other University personnel) (Include relationship to you):

\*Modifications to this form may only be made upon the student's request. The contents of this form will remain valid in accordance with FERPA. This form only pertains to Disability Support Services; students would need to check with other University staff regarding similar forms for other offices and programs.

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_

DSS Study Room Agreement

Student's Name (printed): Student's ID#:

This agreement is for the access and utilization of the DSS study room (room 123 and formally Lab 1) in the Pearson Library. To be granted access to this resource, a student must be registered with DSS, and the following guidelines/policies should be understood:

I understand that I must respect the area, equipment, and the person(s) who may also be using the room at the time. Initials

I understand that the space is to be shared by all students granted access by DSS and multiple users may be using the space at once. This means the space should not be used as one's personal office, and I will be sure to leave space in the room and on the desks for others to use. Initials

I acknowledge that it is my responsibility to keep the area clean/tidy for the next users. Leaving materials behind for any length of time is prohibited. Initials

I acknowledge that this room may not be available at certain times due to testing and other trainings; a note will be posted on the door with closure times and I need to be aware of such signs so as not to disrupt an exam etc. Initials

I understand that the study room is a part of the library and is also subject to their rules. Initials

I understand that there are sensitive and adaptive equipment in the study room that must be treated with care. Should I need to use equipment or software/programs that I am not familiar with, I will contact DSS for assistance so I may handle such items appropriately. Initials

I realize that failure to comply with the previously mentioned agreements would be violating other students' rights to use the DSS study room as part of the DSS program, and may restrict my ability to use it in the future. Initials

Student's signature: Date:

## Service and Accommodation Agreement

The purpose of this agreement is to define the responsibilities of both the student and Disability Support Services (DSS) regarding the requesting and delivering of services and accommodations for students initiating DSS services. The student should read over the information below and initial each section to indicate that he/she read it; this does not confirm that these accommodations are needed, only that the details were reviewed by the student.

### Testing Accommodations:

- ADA Standards allow for students to receive extended time on exams depending on their needs. **DSS is bound by these policies.** Time and a half or double time are typically assigned as the extended time accommodation for timed quizzes/ exams.
- Testing rooms will be monitored live by a recording video camera and/or proctor to assure academic integrity and assist during emergencies.
- The Testing Accommodation Request form must be turned in at least **1 week in advance** to ensure proctor and room availability. When requesting testing accommodations for an exam during the traditional undergraduate finals week, the form must be submitted at least two weeks prior to the first day of finals week. (This can be found on the website or picked up from the Center for Student Success).

If the test is on a...	Your testing form is due the...
Monday	The Monday before
Friday	The Friday before

### **\*Incomplete forms will not be accepted\***

- DSS contacts the professor to confirm all details listed on the submitted Testing Accommodation Request Form.
- Exams proctored by DSS will be administered on the same day and same start time as the in-class exam; any exceptions to this, including other class scheduling conflicts, must be addressed with the DSS Coordinator and/or DSS Administrative Assistant when the form is submitted.
- Students are expected to arrive on time for the exam and no extra time will be given for tardiness. If a student is **more than 20 minutes late**, DSS will send the exam back as a NO SHOW. The student needs to re-schedule the exam with the professor's consent through written or electronic form.
- If a student is late for any reason, he/she will only receive the allotted amount of time originally agreed upon. That means, if a test is scheduled from 9am-11am and the student arrives at 9:15am, he/she will still only have until 11am to finish the exam.
- Do not ask the proctor questions regarding the exam. The proctor **will not allow more time** for the exam. In the case that there is another student in the testing room, please refrain from crosstalk.
- It is the student's responsibility to notify DSS of **any changes in testing**. Please notify staff at least **48 hours** in advance if the test has been cancelled or DSS services are no longer needed. **There will be no changes made to the testing times the day of the exam.**
- Students needing testing accommodations for online courses, comprehensive program exams, courses on branch campuses, or evening/weekend courses need to be aware that the above noted policies and procedures may vary. Contact DSS right away to discuss these details. The deadlines for submitting the Testing Accommodation Request Form still does apply even if the way the form is filled out changes for these special cases. The deadline is 1 week in advance(except for the 2 week deadline prior to traditional undergrad finals week).

**Student's Initials** \_\_\_\_\_

**Note Taking Services:**

- DSS staff will contact the students from the course roster to ask for a volunteer. The professor(s), is also contacted by DSS to ask for their assistance in finding a notetaker unless the student notifies DSS that there is a student in the class he/she would like to recommend DSS contact about being the note taker.
- Once a student is approved for this accommodation, he/she should notify the professors that this is a needed service, and remind them to make an announcement to the class asking for a volunteer without mentioning who it is for. Informing professors will help facilitate this request.
- If a student decides that **a note taker is not needed** for one or more of the classes, he/she needs to contact DSS immediately so adjustments can be made.
- Students will be notified by DSS staff through [DSSnotes@callutheran.edu](mailto:DSSnotes@callutheran.edu) when a note taker is set up for the individual classes.
- The student is responsible for notifying DSS staff at [DSSnotes@callutheran.edu](mailto:DSSnotes@callutheran.edu) should there be an issue with the notes or the note taking accommodation in general.
- Typically, the identities of the DSS student and the note taker are not disclosed to one another.

Student's Initials \_\_\_\_\_

**Books in Alternative Format:**

- Students needing this accommodation must read and fill out both the *Books in Alternative Format Agreement* and the *Books in Alternative Format Request Form* in order to request the accommodation. (These can be found on the website or requested from DSS).
- A student needing this accommodation is expected to discuss this with the DSS Coordinator prior to the start of the semester/term, as it takes a while to locate texts. It is strongly recommended to request this accommodation at least a month before the class(es) begins. Notify DSS right away if the accommodation is no longer needed.
- Students are expected to promptly return a phone message or email from DSS regarding this accommodation. It may be necessary for the student to bring his/her books and syllabi to DSS in order to facilitate the request.
- As an alternative to requesting this accommodation, try checking with the Cal. Lutheran Bookstore, IChapters.com or other organizations to buy textbooks in a digital format and avoid buying the hard copy of the text. Otherwise, students requesting this accommodation are required to have purchased the print copy of the text(s) in order for DSS to request it as an accessible format from the publisher. It may be necessary to provide a receipt validating the purchase.

Student's Initials \_\_\_\_\_

Disability Support Services (DSS) is responsible for providing these academic adjustments, and other aids and services, in a timely manner. The aids and services listed on this form are not an exhaustive list of what is available, and other necessary accommodations may be discussed with the DSS coordinator.

**Remember to schedule an appointment with the DSS Coordinator prior to or at the beginning of each new semester/term in order to activate DSS services for the new course(s); this is the student's responsibility to schedule. Accommodations are not automatically set for the new semester/term. This is a team effort so each DSS student should be proactive in requesting his/her aids and services.**

**Mark One:**     Fall     Winter     Spring     Summer     Online Term # \_\_\_\_\_ Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

CLU Email Address: \_\_\_\_\_@Callutheran.edu Primary Phone Number \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Accommodation Request Form

Disability Support Services (DSS) facilitates equal educational opportunities for students with various disabilities by working together with the student and CLU personnel to assure that reasonable accommodations are provided in a timely manner. It is the student's responsibility to request accommodations that will assist in obtaining their academic goals, and to discuss these with the DSS Coordinator to determine what assigned accommodations are needed. If other aids and/or services are needed and are not listed as options on this form, discuss these requests with the DSS coordinator. It may be necessary to submit other paperwork regarding these additional requests. Should the student make changes to their course registration after meeting with DSS to request services for the semester/term, it is the student's responsibility to inform DSS of this change.

### Course Information

**Mark One:**  Fall  Winter  Spring  Summer  Online Term # \_\_\_\_\_ Year \_\_\_\_\_

#### FOR OFFICE USE ONLY:

#### Course #1

Course Number with section: \_\_\_\_\_  
(Example: REL 101-04)

Title: \_\_\_\_\_  
(Example: Intro to Christianity)

Professor: \_\_\_\_\_

- No Accommodations Requested  
 Note Taker  
 Testing Accommodations  
 Books in Alternative Formats  
 Audio Tape Record Lectures  
 Accessible Classroom Furniture  
 Other: \_\_\_\_\_

#### Course #2

Course Number with section: \_\_\_\_\_

Title: \_\_\_\_\_

Professor: \_\_\_\_\_

- No Accommodations Requested  
 Note Taker  
 Testing Accommodations  
 Books in Alternative Formats  
 Audio Tape Record Lectures  
 Accessible Classroom Furniture  
 Other: \_\_\_\_\_

***FOR OFFICE USE ONLY:***

**Course #3**

Course Number with section: \_\_\_\_\_

Title: \_\_\_\_\_

Professor: \_\_\_\_\_

<input type="checkbox"/> No Accommodations Requested <input type="checkbox"/> Note Taker <input type="checkbox"/> Testing Accommodations <input type="checkbox"/> Books in Alternative Formats <input type="checkbox"/> Audio Tape Record Lectures <input type="checkbox"/> Accessible Classroom Furniture <input type="checkbox"/> Other: _____
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**Course #4**

Course Number with section: \_\_\_\_\_

Title: \_\_\_\_\_

Professor: \_\_\_\_\_

<input type="checkbox"/> No Accommodations Requested <input type="checkbox"/> Note Taker <input type="checkbox"/> Testing Accommodations <input type="checkbox"/> Books in Alternative Formats <input type="checkbox"/> Audio Tape Record Lectures <input type="checkbox"/> Accessible Classroom Furniture <input type="checkbox"/> Other: _____
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**Course #5**

Course Number with section: \_\_\_\_\_

Title: \_\_\_\_\_

Professor: \_\_\_\_\_

<input type="checkbox"/> No Accommodations Requested <input type="checkbox"/> Note Taker <input type="checkbox"/> Testing Accommodations <input type="checkbox"/> Books in Alternative Formats <input type="checkbox"/> Audio Tape Record Lectures <input type="checkbox"/> Accessible Classroom Furniture <input type="checkbox"/> Other: _____
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I am requesting Priority Registration as an accommodation to ensure that classroom accessibility, course scheduling, and/or other disability-related needs are met. I further understand that in addition to meeting Cal. Lutheran registration requirements, such as meeting with my Faculty Advisor and taking care of any holds on my account, it is my responsibility to sign the DSS Accommodation Request Form at the beginning of each semester/term that I request Priority Registration and/or additional accommodations.

I am requesting that my participation in Disability Support Services be communicated to my faculty advisor. My faculty advisor is \_\_\_\_\_. I understand that it is my responsibility to inform the DSS coordinator if my faculty advisor changes for any reason.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_