

**DISABILITY SERVICES
REQUEST FORM
FOR
DEAF STUDENTS
WITH
ADDITIONAL DISABILITIES**

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
AT THE
ROCHESTER INSTITUTE OF TECHNOLOGY

DISABILITY SERVICES MISSION

To provide students and faculty/staff with disabilities equal access to programs, services and physical facilities, and to foster an environment where students and faculty/staff with disabilities are welcomed, valued and respected.

Rochester Institute of Technology
Disability Services Office
28 Lomb Memorial Drive
George Eastman Building, Room 2342
Rochester, New York 14623-5604
(585) 475-7804 voice/tty
(585) 475-6988 voice/tty
(585) 475-2215 fax

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
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DISABILITY SERVICES REQUEST FORM

INFORMATION

The Disability Services Office is committed to providing equal access to programs, services and physical facilities to students with disabilities. Our responsibilities consist of the following:

Approve and coordinate academic and residential accommodations due to a secondary disability

- Note-taking and testing modifications, for example
- Modified housing arrangements

Make referrals to campus service providers

- Student Health Services
- Food Service
- Campus Safety for transportation needs

We do not coordinate personal services. Students need to make their own arrangements for:

- Mobility training
- Personal care assistants
- Personal adaptive equipment such as TTYs or wheelchairs

Students requesting accommodations in their housing arrangements must submit a completed Disability Services Request Form with documentation to the RIT Disability Services Office AND submit a housing contract to RIT Housing Operations by the following dates:

| | |
|--|--|
| June 1 – requests for fall quarter | October 16 – requests for winter quarter |
| January 22 – requests for spring quarter | April 1 – requests for summer quarter |

All Disability Services Request Forms and documentation MUST be sent to the RIT Disability Services Office. Please do not send disability information to other departments within RIT or NTID.

For more detailed information regarding disability services, refer to our web page at <http://www.rit.edu/~371www>

INSTRUCTIONS

To request accommodations due to a secondary disability (other than deafness), please submit a completed Disability Services Request Form and documentation to the RIT Disability Services Office. Depending upon the type of secondary disability, the documentation should be a recent psychological or educational evaluation and/or letter on letterhead stationery from a qualified professional such as a physician, psychiatrist, neurologist, or psychologist. Classroom teachers, parents, or friends are not qualified to provide this information. An IEP or 504 Plan is not sufficient. The documentation should include the following information:

- Diagnosis of disability other than deafness
- Description of current level of functioning
- Suggestions for accommodation(s)

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{Please complete all items in legible print or type}

All information provided to the Disability Services Office is kept confidential and will only be shared with your permission with individuals directly involved in providing approved accommodations.

Student Name _____ Today's Date _____

Student Identification # _____ Date of Birth _____

Local Address _____ Local Phone _____

Students living in RIT housing: Do you require evacuation assistance? Yes No

Permanent Address _____ Perm. Phone _____

E-mail _____ Cell Phone _____

Expected Major: _____

Status: In-coming 1st year student Current undergrad Transferring undergrad
 In-coming grad student Current grad Transferring grad

New first year or transfer students: Will you be attending SVP (Summer Vestibule Program)?
 Yes No

New first year or transfer students: Please indicate your expected enrollment quarter and year:
 Fall quarter ____ Winter quarter ____ Spring quarter ____ Summer quarter ____

Current students: Please indicate when you enrolled at NTID:
 Fall quarter ____ Winter quarter ____ Spring quarter ____ Summer quarter ____

In addition to deafness, what is/are your disabilities?

(Please continue on next page, using additional paper as needed.)

If you are requesting academic accommodation(s)

Please describe how your secondary disability impacts your learning.

Please list and describe the academic accommodation(s) you are requesting that are not part of the NTID standard access services.

If you are requesting accommodations in your dietary or housing arrangements

Please explain the difficulties you experience with residential living as well as the accommodation(s) you are requesting.
