



OFFICE FOR STUDENTS WITH DISABILITIES

250 University Avenue – Box #7 – California, PA 15419

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Penn West University, California Campus Student Affairs

GENERAL INFORMATION

Date of Application: _____/_____/20____ Student ID#: _____

Applicant Name: _____ (Last) _____ (First) _____ (MI)

PERMANENT ADDRESS:

Street: _____ Box#: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Telephone (Home): (_____) / _____ / _____ Cell Phone: (_____) / _____ / _____

LOCAL ADDRESS:

City: _____ State: _____ Zip Code: _____ EMAIL: _____ @pennwest.edu

ETHNICITY (for statistical purposes only): ___ Asian ___ Black/African American ___ Caucasian
___ Hispanic/Latin ___ Native American ___ Pacific Islander ___ Mixed Race ___ Other
___ Prefer not to answer

ENROLLMENT INFORMATION

New student Currently enrolled in PW Returning PW student Transfer Student

Expected starting date: Fall 20____ Spring 20____ Summer 20____

Where will you attend classes? California Southpointe Web
 Other _____

Have you applied to the University's Admissions Office? Yes No

Have you been accepted to California University of PA? Yes Not yet known

DIAGNOSED DISABILITY

Medical/Health Impairment Brain Injury
 ADHD Learning Disability
 Mental Health/Psychological Visual Disability
 Physical with mobility Hearing Disability
 Physical without mobility (e.g., wheelchair) Temporary Medical Disability
 Other (specify): _____

CONFIDENTIAL OSD FILES

I grant permission for personnel of the Office for Students with Disabilities (OSD) to access University records, maintain files and communicate with other University personnel as related to: my enrollment in the University, reasonable accommodations and/or OSD objectives and initiatives. All communications are conducted on a need-to-know basis and/or in accordance with existing legal guidelines. I understand that it is my responsibility to request accommodations and to provide OSD with appropriate documentation of my disability.

(Student Signature Required)

_____/_____/_____
(Date)

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Penn West University, California Campus

DOCUMENTATION GUIDELINES

A formal assessment report is required to determine eligibility for services and to determine the appropriateness of requested accommodations. The University reserves the right to request additional documentation as needed. The decision regarding appropriate and reasonable accommodations rests with OSD.

The appropriate assessment report should:

1. Be typed on letterhead, dated, signed, and be a complete, legible copy of the report
2. Have the name, title and professional credentials of the qualified evaluator clearly stated
 - A. Learning Disabilities and Attention Deficit Disorders
A qualified evaluator is a licensed or certified psychologist or neuropsychologist experienced working with adolescents/adults with the particular disability
 - B. All Other Disabilities
The qualified evaluator is appropriate per the specific disability e.g. licensed or certified psychologist, neuropsychologist, medical doctor or psychiatrist experienced working with adolescents/adults with the particular disability
3. Identify a disability that substantially limits a major life activity such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working
4. Identify specific and current functional deficits and the impact of the deficits as related to the student's Participation in the higher education setting at the time of the accommodation request
 - A. For learning disabilities and attention deficit disorders, the assessment report should include:
 - A complete intellectual assessment w/all subtests and standard scores reported; WAIS-III advised
 - A comprehensive achievement battery that identifies current levels of functioning in reading, Mathematics and written language w/all subtests and standard scores reported; WJ-III advised
 - Specific areas of information processing including memory, auditory/visual perception, processing speed, executive functioning and motor ability
 - A specific diagnosis and an individualized profile of strengths and weaknesses
 - B. For all other disabilities the assessment report should include:
 - The medical history
 - The medical diagnosis
 - A description of relevant physical or sensory deficits
 - Current medication regimen and side effects of the medications, if applicable
 - A complete psychiatric assessment should be included when relevant
5. Include a detailed summary:
 - Identify the degree to which the disability impacts the student in the higher education setting
 - Identify the student's requested accommodations
 - Identify any additional accommodations that would be appropriate in the higher education setting
 - Explain how each requested/recommended accommodation is substantiated through the assessment and would serve to mitigate the identified current, functional deficits