

PACIFIC UNIVERSITY
Learning Support Services Student Initial Interview

Full Name: _____ Date: _____

Preferred Name: _____

Student ID: _____ School/Local Ph: _____ UC Box: _____

Email: _____ Residence Hall _____ Rm _____

Date started at Pacific: _____ Expected Graduation Date: _____

Transfer student? Yes From: _____

College: Arts & Sciences MAT OPT OT PA PT SPP PHARM DH

Major/Minor(s): _____ Advisor: _____

Home Address: _____ Phone: _____

Mother's Name: _____ Father's name: _____

Disability: Learning Disability AD/HD Psychiatric Disorder
 Chronic Illness Mobility Visual Hearing
 Other: _____

When were you diagnosed? _____ By whom? _____

Are you a client of the Dept. of Vocational Rehabilitation or the Commission for the Blind? No Yes

If yes, counselor's name: _____

In your own words, explain how this disability will affect your participation at Pacific: _____

What accommodations/services, if any, have you used at other schools or work? _____

If you use e-text taped books, are you a member of Recording for the Blind & Dyslexic?

Recording for the Blind & Dyslexic? Yes No Unsure

Notice of Nondiscrimination Policy

It is the policy of Pacific University not to discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, or any other classification protected under state or federal law, or city ordinance. Questions or complaints may be directed to the Vice President of Academic Affairs or Provost, 2043 College Way, Forest Grove, Oregon 97116, 503-352-2215.

Use of the Disability Documentation Standards contrary to Pacific University's Nondiscrimination Policy is prohibited.

The Disability Documentation Standards are the criteria that Pacific University considers when reviewing a student's documentation of a disability in the course of determining reasonable and appropriate accommodations for the student. Pacific University's standards are adapted from recommendations from the Association for Higher Education and Disability (AHEAD) and the Oregon Association for Higher Education and Disability (ORAHEAD).

(AHEAD best practices: Disability documentation in higher education. (n.d.). Waltham, MA: AHEAD. Retrieved July 14, 2006 from <http://www.ahead.org/resources/bestpracticesdoc.htm>)

Pacific University reserves the right to.

ADA refers to the Americans with Disabilities Act of 1990 (28 C.F.R. 36).

Section 504 refers to Section 504 of the Rehabilitation Act of 1973 (34 C.F.R. 104).

Section 504 and ADA define a disability as "a physical or mental impairment which substantially limits one or more major life activities."

Standard 1: Documentation is made by an evaluator who has the professional credentials requisite to assess and diagnose the student's condition. The following criteria shall be considered:

- a. Documentation includes the names, titles, and professional credentials of the evaluators, including their degrees, areas of specialization and practice, and license or certification where applicable.
- b. Evaluators hold an advanced degree in a field related to the student's condition. Advanced degrees include Ph.D., M.D., Psy.D., Ed.D., M.S., M.A., and M.Ed.
- c. Evaluators' areas of practice or specialization are matched to the student's condition. Examples of this criteria include:
 - An orthopedic condition is described by a medical physician.
 - A psychiatric condition is diagnosed by a psychiatrist or clinical psychologist.
 - Dyslexia may be diagnosed by either a cognitive psychologist or optometrist, provided either has the requisite training and assessment experience.
 - ADHD/ADD is not typically conclusively diagnosed by a medical physician without further psychological and cognitive assessment using appropriate psychoeducational testing.
- d. Where applicable, evaluators hold the requisite licensing and certification from their respective state licensing agency or other governing board, for example: state-licensed psychologists, state-licensed counselors, vocational rehabilitation division diagnosticians, board-certified physicians and other board-certified health care providers. Where required by the evaluator's profession, evaluators are licensed or certified to use the assessment instruments in the documentation.
- e. Evaluators have professional experience and training working with adolescent and/or adult populations.
- f. The evaluators are not involved in a close, personal relationship with the student, such as being a member of the student's family.
- g. Documentation is typed on letterhead, dated, and signed by the evaluators. Documentation contains the evaluators' addresses and contact information.
- h. Documentation is written in English or accompanied by an English translation made by a qualified translator who is not

involved in a close, personal relationship with the student, such as being a member of the student's family.

Standard 2: Documentation includes a clear, specific diagnosis of a disability. The following criteria shall be considered:

- a. Physical disabilities include a description of the specific medical condition which causes the impairment.
- b. Psychological, psychiatric, mental, or specific learning disabilities include a DSM-IV diagnosis on all five axes.
- c. When a standard diagnostic coding such as DSM-IV is absent, a full clinical description conveys an impairment that meets the legal definition of disability.
- d. Terms in diagnostic statements such as "suggests," "appears," "probable," "is indicative of," or "has problems with," in and of themselves, do not support conclusive diagnoses— particularly in reports of psychiatric, psychological, and learning disabilities.
- e. Individual "learning differences," "learning styles," and "academic problems," in and of themselves, do not constitute a conclusive diagnosis of a learning disability.
- f. A school plan, such as an Individualized Educational Plan (IEP) or 504 Plan, in and of itself, may not be sufficient to determine a student's disability status and/or reasonable and appropriate accommodations.

Standard 3: Documentation includes a description of the diagnostic methodology or assessments. The following criteria shall be considered:

- a. Diagnostic methods are currently accepted, professional practices in the evaluator's field.
- b. Diagnostic methods are matched to the student's particular disability.
- c. Diagnostic reports use and contain information from a sufficient variety of sources. Examples of sources of diagnostic data include: clinical history that establishes the date or age of the student at initial onset or diagnosis; medical examinations, tests, or neuropsychological assessments; academic history; personal interviews or self-report; and, clinical or anecdotal performance observations that may relate to the student's motivation, study skills, or other factors.
- d. Testing instruments and/or neuropsychological assessments are based on adult norms and are currently widely accepted within the evaluator's profession as valid and reliable for the diagnosis of a disability.
- e. When non-standardized
- f. Diagnostic methods for a specific learning disability include:
 - i. Diagnostic report includes subtest and standard scores for a battery of neuropsychological tests that includes at least one comprehensive test each for intellectual aptitude, academic achievement, and information processing, i.e., three measures.
 - Examples of tests considered sufficient to measure intellectual aptitude include: Wechsler Adult Intelligence Scale - III (WAIS-III); Woodcock-Johnson III - Tests of Cognitive Abilities; Stanford-Binet Intelligence Scales, 4th or 5th ed. (SB4 or SB5); and, Kaufman Adolescent and Adult Intelligence Test. Abbreviated or brief versions of these tests, in and of themselves, are not sufficient.
 - Examples of tests considered sufficient to measure academic achievement include: Woodcock-Johnson III - Tests of Achievement; Wechsler Individual Achievement Test - II (WIAT-II); and, Scholastic Abilities Test for Adults (SATA). Abbreviated or brief versions of these tests, in and of themselves, are not sufficient.
 - Examples of tests considered sufficient to measure information processing include: subtests of the WAIS-III; subtests of the Woodcock-Johnson III - Tests of Cognitive Abilities; and, Detroit Tests of Learning Aptitude - Adult. Abbreviated or brief versions of these tests, in and of themselves, are not sufficient.
 - The Wechsler Intelligence Scale for Children (WISC-III) is only appropriate when administered before the age of 16 and within the last three years. This may initially qualify a student for accommodations but require reassessment for accommodations for licensing or graduate entrance exams, professional or graduate school, or transferring schools.
 - The Wide Range Achievement Test - III (WRAT-III) is not considered, in and of itself, a comprehensive measure of achievement.
 - ii. Operational guidelines are used to verify the learning disability. Broad intellectual aptitude falls within the average range or higher on a test of intellectual aptitude. Environmental deprivation, educational deprivation, and auditory and visual deficits are ruled out as causal factors when academic achievement is significantly low. One or more of the following occurs:

- A significant difference, e.g., 1.5 standard deviations or more, exists between the full scale score on a test of intellectual aptitude and the standard score in one or more areas on a test of academic achievement. When a significant difference does not exist, the evaluator(s) present a logical argument for the diagnosis of a learning disability and the need for accommodation.
 - A wide discrepancy or scatter of scores exists intertest or intratest between different ability groups, seen as areas of strengths and deficits.
 - The student was unable to complete a neuropsychological test battery due to sequencing problems, slow speed, lack of task comprehension, or similar problems.
- iii. Tests are not used in isolation to assess the student's performance and abilities. Rather, a variety of methods and information are considered. See criterion 3.c for more information. Examples of other factors that may demonstrate the nature and extent of an individual's learning disability include:
- The student had a learning disability diagnosed in elementary or secondary school.
 - The evaluator observes raised anxiety level, distractibility, excessive time to finish tests, and uncommon errors on written assessments.
 - A parent or sibling has a diagnosed learning disability.
 - Medical or physical conditions that have been shown to correlate highly with learning disabilities are present, such as: birth trauma or complications, illness, high fever, concussions, seizures, unconsciousness, etc.
 - Case history documents delayed or abnormal development of speech, language, motor, or social skills.
 - Case history documents other childhood conditions that may contribute to a learning disability, such as: childhood hyperactivity and medications, physical abuse, or substance abuse.

Standard 4: Documentation includes a description of the student's current functional limitations. A description is necessary to determine what accommodations are appropriate and reasonable. The following criteria shall be considered:

- a. In general, documentation is considered current if it is less than three years old. Older documentation may be accepted for conditions that are widely considered as permanent and non-varying. Conversely, conditions that are subject to significant change due to individual growth and development may require more recent, updated assessments for LSS to have an accurate picture for determining appropriate accommodations.
- b. Documentation describes the "substantial limit" that the diagnosed disability puts on a major life activity, which ADA and Section 504 define as "caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working."
- c. The nature and severity of the functional limitations described is supported by data from the diagnostic report. See criterion 3.c for more information

Standard 5: Documentation includes a description of the expected progression or stability of the disability. The following criteria shall be considered:

Standard 6: Documentation includes a description of current and past auxiliary aids, personal assistive devices, medications, support services, and/or accommodations. The following criteria shall be considered:

- a. Possible side effects from medications that impose additional limitations and require accommodation are discussed.

Standard 7: Documentation includes recommendations for accommodations. The evaluator(s) and their recommendations, in and of themselves, do not automatically qualify a student for accommodations. Rather, barring the intervention of a grievance process or legal action, LSS determines what are reasonable and appropriate accommodations given the student's functional limitations and the non-essential requirements imposed by the instruction the student wishes and is otherwise qualified to pursue. The following criteria shall be considered:

- a. Recommendations include a rationale, whether explicit or apparent, that logically connects the accommodation to the student's functional limitations.

Authorization and Consent to Release Private Records
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Student Name: _____ Date: _____

Filing Office: _____ Form # (optional): _____

I, _____, am aware that law, including the Family Educational Rights and Privacy Act of 1974 (FERPA)(20 U.S.C. § 1232g), protects some of my private records from disclosure without my consent. Law does permit Pacific University in some instances to disclose some private records without consent, for example: directory information, information to protect health and safety in the event of an emergency, or information that school officials have a legitimate educational need to know. I understand and agree that this Authorization Form shall not prohibit or limit Pacific University, its employees, and its agents from disclosing any records or information about me where such disclosure is authorized by law or has been previously authorized by me. However, some records and information about students are specifically excluded from FERPA. Some examples of these exclusions are the private notes of faculty and administrators, employment records, and law enforcement records. I understand and agree that acceptance of this Authorization by Pacific University shall not constitute an agreement or obligation by Pacific University to either disclose or withhold information to which I have no claim of right. I understand and agree that this Authorization Form shall not revoke any prior authorization I have made or retract any previous disclosure.

I understand that I am filing this Authorization with the following office at Pacific University:

Name: _____ Title: _____

Office: _____ Phone/E-mail: _____

Address: _____

I understand and agree that I may revoke this Authorization at any time only by providing a written statement to that effect to the office named above. I understand that Pacific University does not make this Authorization a necessary condition of my pursuit of academic studies. I understand that refusing or revoking this Authorization Form shall not adversely affect my ability to receive services from the office named above except when the service depends upon the disclosure of my private records.

By my signature on this Authorization Form, I hereby freely and voluntarily authorize Pacific University, its employees, and its agents as described in Section II, hereafter referred to as OFFICIALS, to disclose my private RECORDS described in Section I, to the RECIPIENTS described in Section III.

Section I - RECORDS

I understand and agree that by signing my initials in the space next to the RECORDS described, I am authorizing those RECORDS to be disclosed by the OFFICIALS to the RECIPIENTS.

_____ any records containing information about me, including but not limited to all the records described below

_____ the records that I have indicated below by my initials

_____ any academic records including but not limited to my attendance, grades, or performance as a student

_____ any financial records including but not limited to transactions on my account and/or financial aid award

_____ any judicial records including but not limited to any allegation, charge, or sanction levied against me

_____ any personnel records including but not limited to my performance as an employee

_____ any housing records including but not limited to my presence in University housing

_____ specifically, information in records that I have described below, released for the purpose that I have described below:

I understand that some RECORDS described above contain overlapping information, for example, a financial transaction may also indicate a parking violation or use of a specific service. I understand many items may constitute RECORDS, for example, correspondence from me, paper records in files, or electronic records. I understand and agree that, absent specific written instruction from me, I am authorizing the OFFICIALS in Section II to use their own professional judgement in choosing: what parts of my educational records are subject to this Authorization Form; what means to exchange them with RECIPIENTS, i.e., verbal, electronic, physical copy, etc.; and, when to disclose them.

Authorization and Consent to Release Private Records (rev. 2006/07/11)

Pacific University

Student Name: _____ Date: _____

Filing Office: _____ Form # (optional): _____

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Section II - OFFICIALS

I understand and agree that by signing my initials in the space next to the OFFICIALS described, I am authorizing those OFFICIALS to disclose the RECORDS to the RECIPIENTS.

- _____ any Pacific University faculty or administrators including but not limited to those specified below
- _____ the Pacific University faculty or administrators I have indicated below
 - _____ Faculty who advise me or teach courses in which I have enrolled
 - _____ Academic Deans and/or Directors
 - _____ Dean of Students
 - _____ Campus Public Safety
 - _____ Housing and Residence Life
 - _____ Learning Support Services
 - _____ Multicultural Services
 - _____ Career Development Center
 - _____ Business Office
 - _____ Financial Aid Office
 - _____ Registrar's Office
 - _____ Athletic Department and Coaches
- _____ the following parties (*specify below*):

Section III - RECIPIENTS

I understand and agree that by signing my initials in the space next to the RECIPIENTS described, I am authorizing those RECIPIENTS to receive RECORDS from the OFFICIALS.

- _____ any Pacific University faculty or administrators including but not limited to those specified below
- _____ the Pacific University faculty or administrators I have indicated below
 - _____ Faculty who advise me or teach courses in which I have enrolled
 - _____ Academic Deans and/or Directors
 - _____ Dean of Students
 - _____ Campus Public Safety
 - _____ Housing and Residence Life
 - _____ Learning Support Services
 - _____ Multicultural Services
 - _____ Career Development Center
 - _____ Business Office
 - _____ Financial Aid Office
 - _____ Registrar's Office
 - _____ Athletic Department and Coaches
 - _____ Student Counseling Center
 - _____ Student Health Center
- _____ my parents or legal guardians (*specify name(s) below*):

- _____ other third party (*specify contacts below*):

initials required I understand that private information about me disclosed pursuant to this Authorization may no longer be protected by law and may be subject to redisclosure, particularly when said information is disclosed to parties outside Pacific University. I understand that the disclosure of private information about me may have adverse effects upon me that I do not intend or anticipate. In consideration of this Authorization to disclose my records, I hereby release Pacific University, all its employees, and all its agents, from all liability and damages that may result from said disclosure. This Authorization shall expire on the date I have specified below. If I did not specify a date, this Authorization shall expire six months from the date I graduate, withdraw, transfer, permanently separate from Pacific University, or otherwise end my course of study at Pacific University. I understand and agree that any future revocation or expiration of this Authorization shall not void Pacific University's indemnity from any damage I suffer resultant from said disclosure.

Expiration Date: _____

_____ By my initials at left, I certify that I am 18 years of age or older. If not, Parent Acknowledgement must be attached.
By my signature below, I have read, understand and agree to all terms and conditions contained in this Authorization Form.

Student Signature: _____ Date: _____



Authorization and Consent to Release Private Records

Parent Acknowledgement (only when student is under 18)

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Student Name: _____ Date: _____

Filing Office: _____ Form # (optional): _____

The Parent Acknowledgment is only required when the student is under 18 years of age.

When a student attends a college or university, the Family Educational Rights and Privacy Act of 1974 (FERPA)(20 USC 1232g) accords all rights and protections regarding the student’s educational records to the student alone **even if the student is a minor or dependent**. Despite the accordance of these rights to students **when they are minors**, the law does not relieve parents and legal guardians of any legal and financial responsibility for their minor children’s behavior and well-being. Pacific University’s policy is to adhere to these provisions of FERPA. Pacific University provides this acknowledgement to parents to alert them to this unique situation.

Pacific University is prohibited by law from disclosing a student’s educational records to his or her parents or legal guardians without the student’s consent **even if the student is a minor or dependent**. Law does permit Pacific University in a few instances to disclose a student’s records without the student’s consent, for example, to protect the student’s health and safety in the event of an emergency. To maintain Pacific University’s strict compliance with FERPA, no information about a student is offered to his or her parents or legal guardians unless an emergency requires that they be contacted. There are significant and adverse situations that do **not** meet the legal requirement of an emergency and imminent danger to student’s health and safety, such as missing class due to a common illness or the possibility of failing a course.

The significance of open communication between parents and their minor children increases when minors attend college or university. A student’s consent to release records to his or her parents or legal guardians is no substitute for open communication between children and their parents or legal guardians.

We, the undersigned parents, or legal guardians of the student named above, have read and understand the contents of this Parent Acknowledgement. We understand that, except where permitted by Pacific University policy, a release of the student’s records to us by Pacific University must be authorized by the student. We understand that any authorization to release the student’s records to us may be revoked or altered by the student at any time and Pacific University shall be prohibited from notifying us of such revocation or alteration.

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

**PACIFIC UNIVERSITY
OFFICE OF LEARNING SUPPORT SERVICES**

Documentation of Medical Disability

RELEASE:

I, _____, hereby authorize the release of the following information to Learning Support Services at Pacific University for the purpose of determining my eligibility for academic accommodation.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY QUALIFIED HEALTH PROFESSIONAL

The student named above is requesting disability-related accommodations from Pacific University. The student has authorized a release of medical information to the Director, Learning Support Services. This information will be held in strict confidence and will be used solely to determine the student's eligibility for services as mandated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, and in determining the most appropriate accommodations based on the student's current level of functioning. *It will not become part of the student's permanent academic file.* Please help us to make the best possible decision by carefully filling out this form and attaching any other pertinent records. Thank you.

Diagnosis: _____

Please describe the diagnosis in *layman's terms*: _____

Date of diagnosis/onset: _____

Prognosis: _____ Permanent _____ Temporary

If temporary, expected duration: _____

Does this disability affect academic pursuits (e.g., cognition, attention, vision, hearing)?

___ No _____ Yes If yes, explain to what extent: _____

Does the disability limit/impact physical activities associated with University attendance?

_____ No _____ Yes

If yes, indicate what type of activities and to what extent:

Hand/arm mobility: _____

Sitting: _____

Walking: _____

Climbing one flight of stairs: _____

(continued on other side)

What treatment, if any, is the student currently receiving? If medication has been prescribed, please indicate name and dosage. Are there side effects which may interfere with the student's functioning? _____

Date of last visit: _____

Frequency of monitoring: _____

The University provides academic services and accommodations to ensure equal access to its programs by persons with disabilities. What recommendations do you have that would assist the student in the academic setting: _____

Additional comments: _____

HEALTH PROFESSIONAL:

Name: _____

Signature: _____ Date: _____

Position: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Please return to:

Edna K. Gehring, M.S.
Director, Learning Support Services
Pacific University
2043 College Way, UC Box 666
Forest Grove, Oregon 97116