



Office of Student Life
2121 Sheridan Road – Room 306
Evanston, IL 60201
Phone: 1-847-866-3648 / Fax: 1-847-866-3906

Disability and Accommodations

Consistent with its mission to educate people for various Christian ministries in church and society, Garrett-Evangelical Theological Seminary is committed to providing equal access to its programs of graduate professional education for all qualified students with learning, physical, medical or psychological conditions. Section 50 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 prohibit discrimination against individuals with disabilities. Accordingly, the seminary aims to provide reasonable accommodation for qualified individuals with disability to ensure their access and participation in seminary programs.

Once admitted to Garrett-Evangelical, but at least six weeks prior to matriculation, entering students requesting accommodations should petition the Office of the Dean of Students. Current students should petition as early as possible, but at least six weeks prior to the beginning of each semester in which accommodations are requested. Late submission of documentation may result in a delay in implementing any accommodation plan.

In support of the written petition, students must submit current, relevant documentation of a disability from a qualified health professional. These materials may be forwarded to an educational consultant with special training in disabilities who will suggest appropriate action to the seminary.

General Policies

1. Eligibility for services and accommodations is determined on an individual basis based on documented need.
2. Self-disclosure and the submission of documentation can be initiated anytime during the year. However, reasonable time must be allowed before the student can expect accommodations to be in place. Self-disclosure and documentation are required only if students plan to request accommodations.
3. Students should provide information and documentation at a reasonably early date to allow time for the development and arrangement of appropriate accommodations. In some cases, several weeks' advance arrangement is needed.
4. Accommodations cannot be retroactive. Accommodations begin only after documentation is received and reasonable time for accommodation development has been allowed.
5. Medical documentation must be reviewed and updated as needed.
6. All completed forms will be returned to the Office of Student Life and copied to the Office of the Registrar.

Confidentiality

Confidentiality is extremely important in all matters pertaining to students with disabilities. Information regarding a student's disability is only shared with other seminary personnel if there is a legitimate reason to do so and with the student's written permission.

Faculty members are not told the specific nature of a student's disability, unless the student provides Office of Student Life with written permission. Faculty may not identify students as having a disability nor disclose their accommodations without the student's written permission. Students are encouraged to communicate openly with faculty regarding their accommodations.

Temporary Disability

Students with temporary disabilities are encouraged to contact the Office of the Dean of Students to find out what services are available to them. Examples of temporary disabilities include: a broken arm/leg, recent surgery, a short-term illness or an injury.

Seminary Responsibilities & Rights

Seminary Responsibilities

Provide information regarding policies and procedures to faculty, staff, students and guests with disabilities and assure that this information be provided in accessible formats upon request.

Ensure that courses, programs, services and activities, when viewed in their entirety, are available and usable in the most integrated and appropriate settings.

Evaluate students and applicants on their abilities and potentials, not their disabilities.

Provide or arrange for effective, appropriate and reasonable accommodations, academic adjustments and/or auxiliary aids and services for students with identified disabilities in courses, programs, services and activities.

Maintain appropriate confidentiality of records and communication concerning students with disabilities.

Seminary Rights

Identify and establish essential functions, abilities, skills, knowledge, standards and criteria for courses, programs, services and activities.

Through Office of Student Life, request and receive current documentation from an appropriate licensed professional source that supports accommodation requests as well as requests for academic adjustments and/or auxiliary aids and services.

Deny a request for accommodations, academic adjustment and/or auxiliary aids and services in consultation with a student with a documented disability if:

- Documentation does not meet the seminary's guidelines and demonstrate that the request is warranted.
- The student fails to provide appropriate documentation.

Refuse to provide an accommodation, adjustment and/or auxiliary aid or service that is ineffective or unreasonable, including any that:

- Pose a direct threat to the health and safety of others.
- Fundamentally alter the courses, programs, services or activities.
- Pose undue financial or administrative burden.

Appropriate documentation should include

1. A description of the disability, including duration and severity.
2. Test scores and interpretation, where relevant.
3. Information concerning prescribed medications and their potential side effects.
4. Assessment of substantial disability-based limitations and how they relate to the educational environment.
5. Recommendations concerning specific educational accommodation

Students must provide medical updates as needed.

The seminary reserves the right to request additional documentation, if needed. No documentation will result in a waiver of Garrett-Evangelical admissions policies, regulations regarding acceptable behavior or course objectives and requirements, including the attendance policy. All costs for testing, assessment and implementation are the responsibility of the student, although testing costs may be reimbursed by health insurance companies. Educational consultant charges are the responsibility of the seminary. After receiving all documentation, the Dean of Students, in consultation with the Academic Dean, will recommend specific accommodations. Implementation expenses, if any, are the responsibility of the student.

Disability & Accommodations Checklist

- _____ Read Policies & Procedures (pages 1-4)
- _____ Complete Pre-Admission Form (pages 5&6)
- _____ Complete Rights & Responsibilities Form (pages 9-11)
- _____ Complete appropriate form
 - AD/HD Disorders (pages 12-14)
 - Psychological Disorders(pages 15-18)
 - Medical Conditions/Disorders (pages 19 & 20)

Use additional sheets if necessary.

The Disabilities and Accommodations packet is available in the Office of Student Life, and in MyGets / Office of Student Life page under Handouts.

All completed forms must be returned to the Office of Student Life.

Services for Students with Disabilities
Garrett-Evangelical Theological Seminary
CONFIDENTIAL
Pre-Admission Form

Today's Date: _____/_____/_____

Name: _____ **Garrett ID #:** _____
(Last) (First)

Email Address: _____

Permanent Address: _____
(Street) (City) (State) (ZIP)

Home Phone #: _____ **Cell Phone #:** _____

Birth Date: _____/_____/_____

Housing:

___ On-Campus Housing ___ Commuter/Off-Campus

Academic Profile: Major: _____ Minor (if applicable): _____

Degree: ___ MDiv ___ Liturgical Studies
___ MTS ___ PhD
___ Theological Studies ___ Course of Study

Classification:

___ Prospective student
___ Full-time student
___ Part-time student
___ Master's
___ PhD
___ Other (please explain) _____

Date of Enrollment at Garrett-Evangelical: _____/_____

Transfer student: ___ Yes ___ No - If yes, name of previous institution: _____

U.S. Veteran: ___ Yes ___ No - If yes, dates of service: From _____ to _____

International Student: ___ Yes ___ No

Diagnostic Information:

What is the diagnostic category for which you are requesting accommodations? Please check all that apply.

___ Hearing Disability ___ Physical Disability ___ Medical Disability
___ Learning Disability ___ Visual Disability ___ Psychological Disability
___ Speech Disability ___ ADD/ADHD ___ Other (please explain)

How does your current diagnosis impact your academic work?

How does your current diagnosis impact your living environment?

What is the diagnosis for which you are seeking accommodations?

Accommodation Request Information:

_____ **Academic Accommodations** _____ **Housing Accommodations**

Please describe the Academic and/or Housing accommodation(s) that you are requesting:

_____ **Dietary Accommodations** (please circle one):

Dining Hall Accommodations *Meal Plan Change* *Meal Plan Exemption/Release*

Accommodation History:

Please list any accommodation(s) used in high school:

Please list any accommodation(s) used at previous universities:

Please note any additional information that may assist Office of Student life in providing you with accommodations: Use additional sheets if necessary.

Criteria for Documenting Attention-Deficit/Hyperactivity Disorder

FROM: Office of Student Life, Garrett-Evangelical Theological Seminary
Evanston, IL – Phone: 847-866-3948; FAX: 847-866-3906

Your patient/client has applied for services available to qualified students with disabilities through the Office of Student Life at Garrett-Evangelical Theological Seminary. Current and comprehensive documentation of the student's disability must be submitted to Office of Student Life to determine appropriate and reasonable accommodations. The student has indicated that you can provide this documentation; along with information related to the kinds of accommodations the student may need based on the functional limitation that s/he experiences due to his/her disability. We ask, therefore, that you address the criteria outlined below on professional letterhead or complete the attached verification form.

This should be completed by a qualified professional who has undergone comprehensive training and has relevant experience in differential diagnosis in the full range of psychiatric disorders (e.g., and psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors). This individual should have first-hand knowledge of the student's condition and is an impartial individual not related to the student.

The information you provide will not become part of the student's educational records and will be kept in the student's confidential file at Office of Student Life. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations.

DOCUMENTATION CRITERIA

1. A clear statement of the DSM-IV diagnosis, including pertinent history
2. A summary of assessment procedures, behavioral rating scale and evaluation results used to make the diagnosis. Rating scales may include the Brown or Conners', for example, and evaluations may include IQ tests (with special reference to any working memory and processing speed index scores), Conners' CPT II or other continuous performance tests, Trail Making Test, memory/attention/processing/fluency subtests from batteries such as the Woodcock-Johnson III Tests of Cognitive Abilities and of Achievement.
3. Treatment information including current medication
4. Impact of the condition in a college environment
5. Suggestions of reasonable accommodations (should be supported by the diagnosis).

A form has been provided for your convenience.

Criteria for Documenting Psychological Disabilities

FROM: Office of Student Life, Garrett-Evangelical Theological Seminary
Evanston, IL – Phone: 847-866-3948; FAX: 847-866-3906

Your patient/client has applied for services available to qualified individuals with disabilities through the Office of Student Life at Garrett-Evangelical Theological Seminary. Current and comprehensive documentation of the student's disability must be submitted to the Office of Student Life to determine appropriate and reasonable accommodations. The student has indicated that you can provide this documentation; along with information related to the kinds of accommodations the student may need based on the functional limitation that he experiences due to his disability. We ask, therefore that you address the criteria outlined below on professional letterhead *or* complete the attached verification form.

The information you provide will not become part of the student's educational records and will be kept in the student's confidential file at Office of Student Life. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations.

DOCUMENTATION CRITERIA

1. A clear statement of the DSM-IV diagnosis, including pertinent history
2. A description of present symptoms, fluctuating conditions/symptoms, and prognosis.
3. Current documentation
4. A summary of assessment procedures used to make the diagnosis.
5. Medical information to be considered in a seminary environment, including medication needs.
6. Suggestions of reasonable accommodations (should be supported by the diagnosis).

Garrett-Evangelical Student Rights & Responsibility Agreement

Please initial each line below

_____ **Student Rights**

According to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, a student with a documented disability is entitled to the appropriate accommodations requested in order to compete on an equal basis with peers.

_____ **Student Responsibilities**

1. The student must request accommodations and provide appropriate written documentation of the disability.
2. For any semester that the student requests accommodations, the student must contact the office of the Dean of Student or request accommodation forms by the end of the second week of classes or expect delays, as accommodation requests are completed in the order they are received. **For Housing Accommodations the student must request the specified accommodation every school year that they live in a Garrett-Evangelical Theological Seminary housing.**
3. The student must request accommodations in a timely manner, allowing for sufficient lead time in order to make appropriate arrangements. In order to receive timely accommodations, students must provide faculty the accommodation forms within a week of the date on the forms.
4. The student must bring any problems in accommodations to the attention of the office of the Dean of Student.
5. The student must abide by all seminary rules and academic standards as spelled out in the seminary handbook.

_____ **Services for Students with Disabilities Responsibilities**

1. The Office of Student Life assists students in self advocacy and in the resolution of problems in accommodations. Office of Student Life provides reasonable accommodations on a case-by-case basis in consultation with each individual student.
2. The office of the Dean of Students is not responsible for problems in accommodations which are not brought to the coordinator's attention in a timely manner.

_____ **Grievance Procedure**

Garrett-Evangelical provides procedures for resolving disputes related to services for students with disabilities, including complaints that a student has been discriminated against because of his or her disability.

If a student believes another Garrett-Evangelical student has engaged in discriminatory conduct toward the student because of his or her disability, the student may file an incident report with the office of the Dean of Students. Information about how to file such an incident report and the procedures used to resolve such complaints may be obtained from the Office of the Dean of Students, 2121 Sheridan Road – 306, Evanston, IL 60201 or by accessing the following website: CSST@garrett.edu - Incident Reports

If a student has a dispute with a Garrett-Evangelical administrator, faculty member, staff member or other employee relating to disability services, including any complaint that the student has been discriminated against because of his or her disability, the student may utilize the following procedures:

1. Students are encouraged, but are not required, to make a sincere attempt to resolve the problem through discussions with the other party.
2. If the student is unable to resolve the problem with the other party or has opted not to make such an attempt, then the student should meet with the office of the Dean of Students, to discuss the problem and possible ways to resolve the problem. The student should schedule the meeting with the Dean of Students within fourteen days of the event leading to the dispute.
3. If the Dean of Students and the student are unable to resolve the problem, the student may file a written complaint with the Dean of Academic Affairs office. The written complaint must specify the nature of the dispute, any prior attempts to resolve the matter and how the student wishes for the matter to be resolved. The written complaint should be filed within fourteen days of the meeting with the Dean of Students. The Academic Dean will conduct an investigation. As part of that investigation, the Academic Dean will ask the student and the other party to identify any witnesses and to submit any other evidence they wish the Academic Dean to consider. The Academic Dean will complete the investigation within thirty days of receiving the written complaint from the student, if practicable. The Academic Dean will notify the parties of the disposition of the matter to the extent permissible by law.
4. If the student is dissatisfied with the disposition, the student may file a written appeal with the Office of the President. The appeal must be filed within fourteen days of being notified of the Academic Dean's disposition and contain all the information and documentation that the student wishes to be considered as part of the appeal. The Office of the President will notify the parties of his or her decision, to the extent permitted by law, within thirty days after receiving the appeal if practicable.
5. If the student's dispute is with the Dean of Students, the student should notify the Academic Dean, who will appoint an impartial person to meet with the student or conduct the investigate as applicable. If the dispute is with the Academic Dean, the student should notify the Office of the President, who will appoint an impartial person to meet with the student, conduct the investigation or handle the appeal as applicable.

In any situation where it is found that discrimination occurred because of the student's disability, Garrett-Evangelical will take steps to prevent the recurrence of such discrimination and will correct any discriminatory effects on the student and others if appropriate. Retaliation against any person for complaining about what he or she believes to be discriminatory conduct or for cooperating in any investigation of such a complaint is prohibited.

_____ I have been informed that the student handbook is located online in MyGets on the Office of Student Life Handouts.

I understand that my failure to meet the above responsibilities can result in loss of accommodations. I also understand that faculty is not required to provide accommodations unless I have presented them with my Office of Student Life accommodation letter. By initialing above and signing below, I am stating that a member of the Office of Student Life staff has met with me, explained my student rights and responsibilities, as well as the grievance procedures in a comprehensive manner, and I am acknowledging my understanding of these procedures.

(Student Signature)

Date

(Witness Name-Please Print)

(Witness Signature)

Date

All completed forms must be returned to the Office of Student Life.

This form is valid for the entire course of the student's career at Garrett-Evangelical.

**Services for Students with Disabilities
Garrett-Evangelical Theological Seminary
Disability Verification for Students with
Attention-Deficit/Hyperactivity Disorder**

Student Information

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Phone _____

Professional

Date of Initial Contact with Student ____/____/____

Date of Last Contact with Student ____/____/____

Date of Completion of Form ____/____/____

Diagnostic Information

Date of Diagnosis: ____/____/____

Please list the DSM-IV diagnostic criteria that were identified as present in this case **and** the diagnostic procedures/assessments/scales used to identify these criteria.

Age at onset of symptoms: _____

Please describe the settings in which these symptoms have been most evident.

Please discuss how the possibility of other psychiatric or medical disorders which may cause problems with inattention are considered, evaluated, and documented in the differential diagnosis process. Please also discuss any dual diagnoses and alternative or coexisting conditions.

Treatment Information

Medications

Current medication(s) including dosage, effectiveness and side effects _____

Current compliance with medication plan _____

Educational and Behavioral Interventions

Please describe academic interventions, coaching support or other behavioral programs that have been made available and their level of effectiveness.

Impact of Condition on Educational Success

Please identify the specific academic abilities or functions that are compromised by the disorder. Indicate severity of these limitations _____

Suggested Accommodations

NOTE: Final determination of appropriate accommodations will be determined by Office of Student Life in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation must be accompanied by an explanation of its relevance to the diagnosed disability.

Extended time for exams _____ Yes _____ No
Why? _____

Quiet room in which to take exams _____ Yes _____ No
Why? _____

Other accommodations (Please specify) _____ Yes _____ No
Why? _____

Certifying Authority

SIGNATURE: _____ **Date:** _____

PRINT NAME AND TITLE: _____

License/Certification Number and Issuing State _____

Address: _____

Phone Number: (_____) - ____ - _____ **FAX Number:** (_____) - ____ - _____

Return this information to:

Garrett-Evangelical Theological Seminary
Office of Student Life
2121 Sheridan Road – Room 306
Evanston, IL 60201
Phone: 1- 847-866-3948 / **Fax** 1-847-866-3906

The information you provide will not become part of the student’s academic records, but it will be kept in the student’s file at Office of Student Life, where it will be held strictly confidential. This form may be released to the student with his/her signed request.

**Services for Students with Disabilities
Garrett-Evangelical Theological Seminary
Disability Verification for Students with Psychological Disabilities**

Student Information

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Phone _____

Professional

Date of Initial Contact with Student ____/____/____

Date of Last Contact with Student ____/____/____

DSM IV Diagnosis _____

Pertinent History:

Onset of current diagnosed disability:

Summary of present symptoms:

Assessment procedures and evaluation instruments used:

Prognosis:

Is the disability currently stabilized: _____?

Please describe

Medication/Treatment Information

Describe current medication needs and side effects and how the medication will affect the student's educational performance:

How long has the student been taking this medication?

Is the student still adjusting to _____ or stabilized on the medication _____?

Information Supporting Accommodation Requests

Describe the student's functional limitations in an educational setting:

Are there crisis episodes associated with the disability?

Have you any recommendations to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level?

(Describe services/accommodations in exam administration, classroom or study activities, or course requirements).

Certifying Authority

SIGNATURE: _____ **Date:** _____

PRINT NAME: _____

TITLE: _____

License/Certification Number and Issuing State _____

Address: _____

Phone Number: (____) - ____ - _____

FAX Number: (____) - ____ - _____

Return this information to:

Return this information to:

Garrett-Evangelical Theological Seminary
Office of Student Life
2121 Sheridan Road – Room 306
Evanston, IL 60201
Phone: 1- 847-866-3948 / **Fax** 1-847-866-3906

The information you provide will not become part of the student's academic records, but it will be kept in the student's file at Office of Student Life, where it will be held strictly confidential. This form may be released to the student with his/her signed request.

**Services for Students with Disabilities
Garrett-Evangelical Theological Seminary
Disability Verification for Students with Medical Disabilities**

Student Information

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Phone _____

Professional

Date of Initial Contact with Student ____/____/____

Date of Last Contact with Student ____/____/____

To ensure the provision of reasonable and appropriate services for students with medical disabilities, the Office of Students Life requires students to provide current and comprehensive documentation of their disability and its impact on their education. To standardize the gathering of such information, we ask that the student's healthcare provider answer the following questions.

1. Please describe the student's impairment giving a specific diagnosis and include the date of diagnosis.

2. What is the expected duration of the disorder?

3. If the student is currently undergoing medical treatment, please describe and indicate how the treatment might affect the student academically.

4. Describe how this medical condition may result in specific functional limitations in an academic setting (i.e., problems sitting for long periods of time, unable to type for more than ten minutes, or unable to walk more than 50 feet without fatigue)?

5. List current medications(s), impact, and adverse side effects. Is the student still adjusting to or stabilized on these medications?

6. Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Garrett-Evangelical's educational program.

7. Please provide any additional information you feel will be useful in determining the nature and severity of this student's disability and any additional recommendations that may assist Office of Student Life in determining appropriate accommodations and intervention. Attach copies of other relevant information as needed.

HEALTHCARE PROVIDER INFORMATION

Provider Signature: _____ **Date:** _____

Provider Name (Print): _____

Title: _____

Address: _____

Phone Number: (_____) - _____ - _____

FAX Number: (_____) - _____ - _____

Return this information to:

Garrett-Evangelical Theological Seminary
Office of Student Life
2121 Sheridan Road – Room 306
Evanston, IL 60201
Phone: 1-847-866-3948 / **Fax** 1-847-866-3906

The information you provide will not become part of the student's academic records, but it will be kept in the student's file at Office of Student Life, where it will be held strictly confidential. This form may be released to the student with his/her signed request.