

APPENDIX I: DSO FORMS

- Student Data Form...pages ii - iii
- Application for Accommodations...pages i - v
- Accommodation Letter Request Form...pages vi - vii
- Testing Accommodations Agreement...page viii
- Release of Examination Form...pages ix – x
- Request for Notetaking Services...page xi
- Adaptive Equipment Loan Contract...page xii
- Request for Assistive Technology...pages xiii – xiv
- Request for Books-on-CD pages xv – xvi

(Please note that some forms have two sides)

Centenary College

Office of Disability Services
dso@centenarycollege.edu

400 Jefferson Street
Hackettstown, NJ 07840-2100
Tel. 908-852-1400, ext. 2251

STUDENT DATA FORM

1. Name: _____ 2. Date of Birth _____

3. Male Female (circle one) 4. Student ID #: _____

5. MAILING ADDRESS: _____

6. Phone: _____
(Best way for staff to reach you, cell phone & beeper included)

7. E-Mail Address: _____

8. Disability Type (check all that apply):

- Learning disability
- Psychiatric disability
- Deaf or Hard-of-Hearing
- Chronic Medical Condition
- Visual impairment
- Substance abuse
- Blindness or low-vision
- Traumatic Brain Injury
- Physical disability
- Other (Please describe): _____

9. Please check all that apply:

- I use a wheelchair
- I use assistive mobility devices (braces, crutches, cane, or prosthesis)
- I wear a hearing aid
- I need to read lips of instructors
- I rely on sign-language interpreting services
- I have difficulty reading the blackboard
- I have difficulty taking notes in class
- I have difficulty writing
- I have difficulty standing for long periods of time
- I tire easily when I walk distances
- I have difficulty walking up/down stairs

10. Are you currently taking any prescription medications or medications that interfere with your ability to learn?

Yes No (circle one)

If yes: Please list: _____

I I. Major/Minor _____

12. Career Interest: _____

14. In case of emergency, who can we contact on your behalf?

Name _____

Telephone Number _____

Relationship _____.

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Application for Accommodations & Services

**Please allow at least one week for The Disability Services Office (DSO) to review each application and supporting documentation.

Name: _____ Date: _____

Student ID # : _____

Please indicate your disability type(s). Check all that apply:

- Learning Disability
- Chronic Medical Condition
- Physical Disability (mobility impairment)
- Psychiatric Disability (psychological or emotional)
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing Substance Abuse
- Traumatic brain Injury
- Other (Please describe): _____

Section 504 & The ADA allow colleges to require disability documentation in order to determine the most appropriate accommodations and services that a student will need. The Disability Services Office holds all disability documentation in the strictest confidence and will not release any of the documentation without the written permission of the student.

Are you submitting disability documentation with this application? (circle one)

YES

NO

*Please attach all documentation to application

Please indicate the types of accommodation that you are requesting:

- Extended time for testing
 - One and half times the standard amount
 - Twice the standard amount (Double time)
 - Other: _____

- Reader for exams
- Scribe for exams (answer recorded or written for student)
- Use of computer for exams
- Use of spell-check device for exams
- Semi-private room for exams
- Note-taking services
- Class notes and other materials enlarged or other alternate format
- Sign-language interpreters
- Assistive listening devices
- Adaptive lab equipment or classroom technology
(Please specify: _____)
- Permission to tape record lectures/classes
- Preferential classroom seating
- Assistance with Registration
- Other (please list): _____

Briefly describe why you are requesting the above accommodations:

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Accommodation Letter Request Form

Students registered with the DSO notify their professors of their disability related accommodation needs when they present them with Accommodations Letters signed by the Director Disability Services. Students with disabilities are advised to request and present these letters during the first week of each new semester so that accommodations can be provided in a timely manner. When students present their Accommodation Letters to their professors, they must also discuss the provision of accommodations. Students are advised to make an appointment with their professors in order to discuss their accommodations. For example, students receiving testing accommodations must discuss where testing will occur. If students have any concerns or difficulties with the provision of accommodations, they must contact DSO immediately.

Student Name: _____

Student ID#: _____

Date Letters Requested: _____

Please List classes, sections, and professor's names:

1. Class: _____ Section: _____ Professor: _____
2. Class: _____ Section: _____ Professor: _____
3. Class: _____ Section: _____ Professor: _____
4. Class: _____ Section: _____ Professor: _____
5. Class: _____ Section: _____ Professor: _____

DSO Office Use Only:

Letters Prepared by: _____

Date Letters Prepared: _____

Date Letters Picked-up: _____

Student Signature: _____

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Testing Accommodations Agreement

I understand that as a student using testing accommodations through the Disability Services Office (DSO), my responsibilities for each examination are:

- To return the completed *Release of Examination* form, this must be signed by the instructor, no later than three days prior to the scheduled examination.
- To notify DSO of any changes regarding the scheduled examination. DSO will confirm any changes with the instructor.
- To notify DSO if I will be late or if am sick and unable to take the scheduled examination. **Please note that makeup exams will only be given with the permission of the instructor.**
- To follow the procedures for testing accommodations in order to ensure the integrity of the examination and testing accommodations.

I also understand that:

- The Disability Services Office is fully committed to upholding the college's policy on academic integrity (see Academic Code of Conduct, page 33-34 Centenary College Catalog). **Cheating or any other form of academic dishonesty is prohibited.** When a student is caught cheating while taking an examination with the Disability Services Office, the exam will be stopped and the instructor will be informed of the incident. In addition, students will be referred to the Dean of Student Affairs for disciplinary action.
- I may not use cell-phones or beepers during the exam; I may not leave the testing area during the exam without permission; I may not talk or socialize during the exam.
- I must arrive at DSO the scheduled exam time. Unexcused lateness will result in a deduction from my extended time or the exam may be re-scheduled but only with the instructor's permission.

TO BE COMPLETED BY THE STUDENT

I have read this Testing Accommodations Agreement and fully understand what my responsibilities are for each examination. Furthermore, I also agree to uphold Centenary College's policy on academic integrity.

Name of Student (Please print)

Signature of Student

Date

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RELEASE OF EXAMINATION

TO BE COMPLETED BY THE STUDENT:

Name: _____ Course Title: _____ Classroom: _____

Date of Examination: _____ Time of Examination: _____

It is the student's responsibility to submit a completed Release of Examination to DSO 3 days prior to the scheduled examination date. Accommodations cannot be guaranteed otherwise.

Please check the accommodations you are requesting for this exam:

Extended Time Reader Scribe Computer
 Spell-check Device Calculator Enlarged Exam CCTV

The DSO Director will make the final determination of accommodations for this exam in accordance with the disability documentation.

I agree to uphold the integrity of the examination and follow the procedures for testing accommodations as outlined in the DSO Testing Accommodations Agreement.

Signature of Student

Date

TO BE COMPLETED BY THE INSTRUCTOR:

I agree to have the DSO coordinate examination accommodations for this student on the date and time listed above. I am allowing all students to use the following:

Textbook	<input type="checkbox"/> yes <input type="checkbox"/> no	Class notes	<input type="checkbox"/> yes <input type="checkbox"/> no	Actual amount of time the class receives for exam: _____ Hour(s) _____ Minutes
Dictionary	<input type="checkbox"/> yes <input type="checkbox"/> no	Calculator	<input type="checkbox"/> yes <input type="checkbox"/> no	

Please indicate how the exam will be delivered to DSO:

Student will bring in sealed envelope
 Campus mail
 Instructor/Staff will drop off at DSO
 Instructor/Staff will e-mail

Please indicate how the exam will be returned to Instructor:

Return to Department Secretary
 Pick up by Instructor/Staff
 Campus mail
 Other _____

Print name of Instructor & telephone ext.

Signature of Instructor

Date

PLEASE NOTE: EXAMS CAN BE PROCTORED AT DSO ONLY BETWEEN THE HOURS OF 9AM AND 5PM. ALTERNATE EXAM TIMES CAN BE ARRANGED FOR CLASSES SCHEDULED BEFORE OR AFTER OFFICE HOURS.

TO BE COMPLETED UPON RETURN OF EXAM:

Please initial below:

_____ Returned exam to Department Secretary

_____ Returned exam by campus mail (as per professor's request)

_____ Professor picked up exam

_____ Other: _____

Delivered by:

DSO Staff Member

Date

DSO OFFICE USE ONLY:

Release of Exam form reviewed by: _____
DSO staff signature Date

Scheduled Reader/Scribe/Proctor: _____
(If needed)

Test location: _____

Exam approved for walk-in by: _____
DSO staff signature Date

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Request for Note-taking Services

Requests for note-takers should be made at the time of registration. All other requests will be filled as soon as possible. Students are advised to allow at least one week for request to be filled.

Name: _____

Student ID #: _____

Date request submitted: _____

Please list the classes for which you are requesting note-takers:

Course & Section: _____ Professor: _____

Days & Times: _____

Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____

Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____

Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____

Location: _____

Course & Section: _____ Professor: _____

Days & Times: _____

Location: _____

DSO Use Only

Request reviewed by: _____ Date: _____

- Copy of student's current schedule attached

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Loan Contract

I would like to borrow adaptive technology in order to assist in achieving academic success. The purpose of this contract is to hold all parties entering into the contract accountable for any loss or damage through misuse or neglect for the loan of Books-on-Tape, CDs-on-Tape, any applicable playing devices, or other adaptive technology including computer programs that are borrowed from and are property of either Centenary College, Recordings For the Blind and Dyslexic, or The Adaptive Technology Center. In addition, this contract serves to establish the appropriate lending period for such items and outlines appropriate consequences if the lent materials are not returned during said contract time in acceptable condition.

I will agree to the following responsibilities when borrowing said materials:

- Submit requests for materials in a timely manner utilizing the appropriate form. (Generally, prior to the start of the semester for which they are needed.)
- Pick up materials from the Disability Services Office as soon as possible after being notified that materials have arrived.
- Inspect materials immediately upon receiving them to ensure that they are in good condition and will serve the purpose for which they are intended.
- Review and sign the "Adaptive Technology Request Review & Tracking Form".
- Pay a refundable deposit of ____ dollars that will be returned to me when I return the materials in good condition
- Immediately report any damage or defects in material to the Office of Disability Services whether or not you are responsible for the damage.
- Agree to return the items on or before the date specified on the "Adaptive Technology Request Review & Tracking Form". Items may not be kept for longer than one semester without receiving prior approval in writing from a member of the DSO staff.
- If applicable, make an appointment with a member of the DSO staff to uninstall any installed programs on personal computer.

I understand that if I fail to meet my obligations and responsibilities set forth in this contract, I will forfeit my deposit and will be held responsible for the full purchase price of the item(s) in question. A "hold" will be placed on my account by the Registrar resulting in an inability to access grades, schedule for subsequent semesters, or have my transcripts released to any third party until full payment is made.

By signing this contract, I attest that I understand and will adhere to my responsibilities as outlined in this contract.

_____	_____	_____	_____
Student Name (Printed)	Date	DSO Staff (Printed)	Date
_____	_____	_____	_____
Student Signature	Date	DSO Staff Signature	Date

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Request for Assistive Technology

Students requesting Assistive Technology should complete this form and submit it to the Disability Services Office, preferably before the start of the semester for which the items are needed. It can sometimes take several weeks to process an order; therefore, students are encouraged to submit this request immediately after finalizing their schedules. Adaptive Technology is available for loan only and must be returned at the end of each semester **A loan contract must be completed and signed before technology will be released to the student.** Software must be uninstalled from the student's computer under the supervision of a member of the DSO Staff on or before the due date in order to comply with licensing agreements. Failure to fully complete all required forms may result in processing delays.

Name: _____ Student ID# _____

Semester Items are Needed: _____ Date of Request: _____

How would you like to be notified when materials arrive? Phone: _____

E-mail: _____

What type of technology are you interested in utilizing? (Please state the specific name of the technology if known)

Please explain the difficulty that you are having and how you feel utilizing technology will help. (example: I have trouble reading my textbooks and would benefit from a program that would read aloud while I follow along in the text):

Have you ever used this type of technology before? Yes No

If "yes" please explain where and how it helped you.

Will you need training in how to use the technology? Yes No

If "yes", please specify some times when you are available (training in most instances takes less than 1 hour).

Please return this completed form to Christopher Selena. Thank You

Centenary College

Office of Disability Services

Request for Books-on-CD

Students requesting Books-on-CD should fully complete this form and submit it to the Disability Services Office preferably before the start of the semester for which the books are required. It can sometimes take several weeks to process an order; therefore students are encouraged to submit this request immediately after the student's schedule has been finalized. Books-on-CD and other adaptive technology are available for loan only and must be returned at the end of the semester for which they are needed. **A loan contract must be completed and signed before tapes/CDs will be released to the student.** Failure to fully complete all required forms may result in delay of processing. Please use a separate line for each requested item.

Name: _____ Date of Request: _____

Do you need training in the use of these resources? Yes No

How would you like to be notified when materials arrive? Phone: _____
E-mail: _____

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

RFB&D Availability: _____
(DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

RFB&D Availability: _____
(DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

RFB&D Availability: _____
(DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

RFB&D Availability: _____
(DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

RFB&D Availability: _____
(DSO Use Only)

Course & Section: _____ Professor: _____

ISBN# _____ Title: _____

Author: _____

Edition: _____

RFB&D Availability: _____
(DSO Use Only)

Please use a separate sheet if more space is needed.

