Lock Haven University Office of Disability Services Handbook

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Office of Disability Services for Students

Mission Statement

The Office of Disability Services for Students exists to provide equal access to Lock Haven University programs for students with disabilities. Equal access will be achieved through the provision of services, accommodations, and advocacy designed to provide an accessible learning environment. Our goals include the coordination of accommodations to provide services for students with disabilities and to pursue the removal of informational, physical, and attitudinal barriers to access at Lock Haven University for individuals with disabilities.

History

Lock Haven University has a history and tradition of commitment to serving a diverse student body. This strength is exemplified by our efforts to ensure all persons have access to the programs of our university. When viewed in their entirety, LHU programs must be readily accessible to and usable by persons with disabilities. LHU pledges that no otherwise qualified individual with a disability will be denied participation in or the benefits of any of its programs on the basis of a disability.

LHU is not a barrier free university, but reasonable accommodations will be used to guarantee program access to qualified individuals with a disability. Reasonable accommodations are adaptations to facilities or programs that allow individuals with disabilities to participate in the services, activities, and programs of the University. Each request for accommodation will be given individual due process and consideration.

It is crucial that students and their advocates become familiar with the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act of 2008, Section 504 of the Rehabilitation Act of 1973, and 43 Pennsylvanian Statute Ann. -955 and to become knowledgeable about their rights and responsibilities in postsecondary education. Although protections exist, the student has considerably more responsibility to request and design their own accommodations in a postsecondary education setting. Specific information on these laws is available at the LHU Office of Disability Services for Students (ODSS).

Any individual having suggestions, problems, complaints, or grievances with regard to discrimination under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008 is encouraged to review and follow the grievance procedures on page 15.

The Lock Haven University ODSS is a member of the Association on Higher Education and Disability (AHEAD) and supports the statements on Professional Standards and Code of Ethics and utilizes these documents as guidelines in the continued development of our services for students with disabilities.

The Americans with Disabilities Act Amendments Act and the final regulations define a disability using a three-pronged approach:

- a physical or mental impairment that substantially limits one or more major life activities (sometimes referred to in the regulations as an “actual disability”), or
- a record of a physical or mental impairment that substantially limited a major life activity (“record of”), or
- when a covered entity takes an action prohibited by the ADA because of an actual or perceived impairment that is not both transitory and minor (“regarded as”). [Section 1630.2(g)]
Support Services for Students

Counseling Services:  (570) 484-2479  http://www.lhup.edu/counseling/

The Counseling Service provides consultation, psychological assistance (minimal psychological testing, diagnostics and treatment) and counseling to students with personal, psychological, emotional or academic adjustment issues. The Counseling Service utilizes a brief, solution-focused therapy model that is based on the student's needs and goals. Services are free and confidential. Counseling services are provided Monday through Friday during regular working hours or by special appointment. Students may be referred to off-campus agencies and private practitioners when desired or appropriate. The Counseling Service does not provide on-call crisis intervention services or case management.

Disability Services:  Director (570) 484-2926  
Secretary (570) 484-2665  http://www.lhup.edu/disability_services/

The Office of Disability Services for Students is an extension of the services provided by the Department of Academic Development and Counseling and includes a faculty Director who is also a Licensed Professional Counselor and a Secretary. ODSS services include: individual inquiry meetings with potential students/parents, academic counseling needs, meeting appropriate accommodation needs, advocacy, disseminating ADA policy information, and the reviewing of documentation.

Tutorial Services: (570) 484-2442  http://www.lhup.edu/tutorial_services/

Tutorial Services provides group peer tutoring to students who apply for assistance in 100 and 200 level general education courses not covered by the Math, Psychology or Writing Centers. Tutoring is provided by Lock Haven University students who are trained group peer tutors.

Career Services: (570) 484-2181  http://www.lhup.edu/careerservices/

Career Services exists to help students deal successfully with the decisions about academic majors, internships, graduate school and preparing for the job search. A variety of resources and services are available to support our students’ career development such as career advisement; a career library; FOCUS, an online career and education planning program that assists with self-assessment and career exploration; career fairs and workshops; internship and graduate school information; job listings; and other related activities.
Important University Phone Numbers

Lock Haven Campus

Admissions: (570) 484-2027
Counseling Services: (570) 484-2479
Disability Services: (570) 484-2926 Director / (570) 484-2665 Secretary
Financial Services: (570) 484-2344
Health Services: (570) 484-2276
Public Safety/Parking: (570) 484-2278
Library: (570) 484-2309
Math Center: (570) 484-2235
Registrar: (570) 484-2006
Social Equity: (570) 484-2322
Student Affairs: (570) 484-2022
Student Cooperative Council: (570) 484-2190
Student Life & Housing: (570) 484-2317
Tutorial Services: (570) 484-2442
Writing Center: (570) 484-2497

Clearfield Campus

Admissions: (814) 768-3405
Counseling Services: (814) 768-3405
Disability Services: (814) 768-3405
Library: (814) 768-3410
Student Learning Resource Center: (814) 768-3699
Student Life: (814) 768-3403
Obtaining Disability Service Accommodations

Documentation

Written documentation that verifies the existence of a disability **MUST** be provided by each student requesting disability services and accommodations. Reasonable accommodations are based on a student's documentation and intake interview and are determined by the specific nature of the disability and its functional limitations. The following information details the documentation requirements for Lock Haven University:

- Completed by a licensed and/or certified professional.
- Contains the evaluator's name(s), title(s), testing/evaluation date(s), and student's date of birth.
- Includes the DSM/ICD code, or other diagnostic code.
- Identifies the disability or medical condition and describes the limits it imposes.
- Contains recommendations for accommodations specific to higher education settings.
- Contains current information.

Learning Disabilities:

- All of the above including:
- Is based on a battery of instruments which address aptitude, academic achievement, and information processing. **MUST** use adult assessments (i.e. WAIS not the WISC).
- Includes DSM/ICD criteria for learning disabilities.
- Testing results must explain the limitations on learning as well as support the specific classroom accommodations recommended.

**NOTE:** Written information on a prescription pad is **NOT** considered appropriate documentation. An IEP or Reevaluation Report is **NOT** considered appropriate documentation at the post secondary education level. Please see the section on Differences between High School and College for Students with Disabilities on page 7.

Because each student's situation is unique, the Office of Disability Services for Students (ODSS) simply asks that any interested student meet with the ODSS Director. Documentation requirements vary by situation. The ODSS Director will talk to the student about documentation during the initial conversation. No student should delay meeting with the ODSS Director out of concern for not having appropriate paperwork.

Testing

Testing is not offered by Lock Haven University. If testing is necessary, the student will be referred to the appropriate public or private agency. Any associated costs will be the student's responsibility.

If the test results indicate that the person has a learning disability or other type of disability, the ODSS Director will work to ensure that appropriate accommodations are provided to the student.
# Differences between High School and College for Students with Disabilities

## Laws

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDEA (Individuals with Disabilities Education Act)</td>
<td>ADA (Americans with Disabilities Act of 1990, Title II), ADAAA (Americans with Disabilities Act Amendments Act of 2008)</td>
</tr>
<tr>
<td>Section 504 Rehabilitation Act of 1973</td>
<td>Section 504, Rehabilitation Act of 1973</td>
</tr>
<tr>
<td>IDEA is about SUCCESS</td>
<td>ADA is about ACCESS</td>
</tr>
</tbody>
</table>

## Required Documentation

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP (Individualized Education Plan) and/or 504 Plan</td>
<td>High School IEP and 504 are NOT sufficient. Documentation guidelines specify information needed for each category of disability.</td>
</tr>
<tr>
<td>School provides evaluation at no cost to student or family.</td>
<td>Student must get evaluation at own expense. Please contact your local OVR.</td>
</tr>
<tr>
<td>Documentation focuses on determining whether student is eligible for services based on specific disability categories in IDEA.</td>
<td>Documentation must provide information on specific functional limitations, and demonstrate the need for specific accommodations.</td>
</tr>
</tbody>
</table>

## Self-Advocacy

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
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</thead>
<tbody>
<tr>
<td>Student is identified by the school and is supported by parents and teachers.</td>
<td>Student must self-identify to the Office of Disability Services.</td>
</tr>
<tr>
<td>Primary responsibility for arranging accommodations belongs to the school.</td>
<td>Primary responsibility for self-advocacy and arranging accommodations belongs to the student.</td>
</tr>
<tr>
<td>Teachers approach you if they believe you need assistance.</td>
<td>Professors are usually open and helpful, but most expect you to initiate contact if you need assistance.</td>
</tr>
</tbody>
</table>

## Parental Role

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent has access to student records and can participate in the accommodation process.</td>
<td>Parent does not have access to student records without student’s written consent.</td>
</tr>
<tr>
<td>Parent advocates for student.</td>
<td>Student advocates for self.</td>
</tr>
</tbody>
</table>
### Instruction

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers may modify curriculum and/or alter curriculum pace of assignments.</td>
<td>Professors are not required to modify instruction or alter assignment deadlines.</td>
</tr>
<tr>
<td>You are expected to read short assignments that are then discussed and often re-taught in class.</td>
<td>You are assigned substantial amounts of reading and writing that may not be directly addressed in class.</td>
</tr>
<tr>
<td>You may not need to read anything more than once; sometimes listening in class is enough.</td>
<td>You need to review class notes, text, and material regularly.</td>
</tr>
</tbody>
</table>

### Grades and Tests

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEP or 504 Plan may include modifications to test format and/or grading.</td>
<td>Grading and test format changes (i.e. multiple choice vs. essay) are generally not available. Accommodations to HOW tests are given (extended time, distraction reduced environment) are available when supported by disability documentation.</td>
</tr>
<tr>
<td>Testing is frequent and often covers smaller amounts of material.</td>
<td>Testing is usually infrequent and may be cumulative, covering large amounts of material.</td>
</tr>
<tr>
<td>Makeup tests are often available.</td>
<td>Makeup tests are seldom an option; if they are, you need to request them.</td>
</tr>
<tr>
<td>Teachers often take time to remind you of assignments and due dates.</td>
<td>Professors expect you to read, save, and consult the course syllabus (outline); the syllabus spells out exactly what is expected of you, when it is due, and how you will be graded.</td>
</tr>
</tbody>
</table>

### Study Responsibilities

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
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<tbody>
<tr>
<td>Tutoring and study support may be a service provided as part of an IEP or 504 Plan.</td>
<td>Tutoring DOES NOT fall under college disability services. Students with disabilities must seek out the tutoring resources that are available to all LHU students.</td>
</tr>
<tr>
<td>Your time and assignments are structured by others.</td>
<td>You manage your own free time and complete assignments independently.</td>
</tr>
<tr>
<td>You may study outside of class as little as 0 to 2 hours a week, and this may frequently last minute preparation.</td>
<td>You need to study at least 2 to 3 hours outside of class for each hour in class.</td>
</tr>
</tbody>
</table>

Information from the University of North Carolina at Pembroke; Pembroke, NC 28372-1510
The Most Common Types of Disabilities in the Higher Education Setting and Suggested Accommodations:

- **Attention Deficit Hyperactivity Disorder (ADHD)**
  - Preferential seating.
  - Extended time for tests (ODSS can assist with this).
  - Notify students as soon as possible of changes in course syllabi, tests, and assignments.
  - Allow students to record lectures.

- **Autism Spectrum Disorder**
  - Try to provide a predictable schedule. If a change needs to occur within the course syllabus, allow for adequate time for adjustment.
  - Notify the student in advance for changes in classroom routine.
  - If possible, break down assignments into small sections.
  - Preferential front room seating.
  - Allow for more time for tests/quizzes.

- **Chronic Health Impairment**
  - Allow for excused absences (whenever possible) and provide missed work.
  - Let students know about work ahead of time and extend deadlines whenever possible.

- **Communication Impairment**
  - Reply to the student’s attempts at communication.
  - Accept appropriate speaking attempts when the student is answering a question in class.
  - Do not complete words, phrases, or sentences that the student is having difficulty pronouncing.
  - Never pretend that you understand what the person is saying. Repeat what you understand.
  - Be sensitive to assigning group projects, oral quizzes or class participation.

- **Head/Traumatic Brain Injury**
  - Provide students with as much written material as possible.
  - Notify students as soon as possible of changes in course syllabi, tests, and assignments.
  - Extend deadlines whenever possible.
  - Begin lectures and discussions with a review from the last class and an overview of what will be covered during that class.
  - Allow students to record lectures, have a note-taker.
  - Write or use visual devices (PowerPoint, whiteboard, etc...) to emphasize points orally made in lecture.
  - Preferential seating.
  - Provide concise directions on tests, quizzes, and assignments. Test directions should be clear, direct, and given in sequential order.
  - Extended time for tests (ODSS can assist with this).

- **Hearing Impairments**
  - Provide some form of amplification (ODSS can assist with this).
  - Preferential seating.
  - Eye contact when speaking.
  - Repeat questions or comments from others and yourself so students can follow the discussion.
  - Do not speak with your back to the class.
  - Write assignments down as well as announcing them in class.
  - Try to arrange for media that you use in class to be captioned.
  - Use FM-assisted listening devices for students when provided by the students.
  - Allow the student to clarify what they are trying to say if you are having trouble understanding them.
- **Learning Disabilities**
  - Be flexible.
  - Let students know about work ahead of time and extend deadlines whenever possible.
  - Begin lectures and discussions with a review from the last class and an overview of what will be covered during that class.
  - Allow the students to record lectures, have a note-taker.
  - Write or use visual devices (PowerPoint, whiteboard, etc..) to emphasize points orally made in lecture.
  - Provide time, during office hours, for individual follow-up of assignments, lectures, and readings. Summarize the main points.
  - Be sensitive to the fact that students with LD may have difficulty completing oral readings in class, “pop” quizzes, and other in-class assignments which require reading and writing.
  - Notify students as soon as possible of changes in course syllabi, tests, and assignments.
  - Extended time for tests (ODSS can assist with this).

- **Mobility Impairments**
  - Make sure your classroom and building is accessible by wheelchair/crutches. If the elevator is out of order, please make arrangements with Facilities to arrange for another classroom (ODSS can assist with this).
  - Make sure your classroom has a table with space clearance for wheelchairs that are a minimum of 27 ½ inches high and 32 inches wide.
  - Make sure classroom is free of materials on the floor (backpacks, books) so that students can maneuver within the classroom.
  - Allow the students to record lectures, have a note-taker (notes photocopied, no-carbon required (NCR) paper).

- **Psychological Disabilities**
  - Provide students with work ahead of time and extend deadlines when possible.
  - Notify students as soon as possible of changes in course syllabi, tests, and assignments.
  - Allow students to record lectures.
  - Provide time, during office hours, for individual follow-up of assignments, lectures, and readings. Summarize the main points.
  - Extended time for tests (ODSS can assist with this).

- **Seizure Disorder**
  - Allow for seizure to run its course but contact 911 for assistance (unless otherwise stated).
  - Make sure student is lying down on their left side with a soft material under the student’s head.
  - Move things out of the student’s way.
  - Make sure airway is clear (loosen clothing at the neck). Take off student’s glasses.
  - Make sure to provide the student with information missed in class.
  - Keep in mind that student’s during final exams (which can be 2 hours) may be over exerted and need to be provided a break.

- **Visual Impairments**
  - Incorporate auditory techniques as much as possible.
  - Preferential seating, take into account desk arrangements and sound distracters.
  - Repeat what is written on the white board and spell new words out.
  - Avoid verbal descriptions that may confuse the student.
  - Explain procedures and the use of equipment.
  - Allow ample time for assignments to be completed.
  - Provide print or electronic copies of your class notes, outlines, and PowerPoint slides.
  - Use large print on PowerPoint’s, notes, out-lines, tests, quizzes, and syllabi.
  - Make sure classroom is free of materials on the floor (backpacks, books) so that students can maneuver within the classroom.
  - Identify the speaker by name when using group discussion.
  - Allow for oral tests (test readers/scribes) when possible (ODSS can assist with this).
  - Allow for a print magnifier when taking exams (exams taken on a computer).
Confidentiality and Release of Information

The Lock Haven University Office of Disability Services for Students (ODSS) is committed to ensuring that all information regarding a student is maintained as confidential as required by both state and federal law. Information contained in a student's file with the ODSS is considered part of his or her educational record and is protected under the Family Educational Rights and Privacy Act (FERPA). The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

The ODSS has implemented special handling of individualized disability-related information to protect confidentiality. Disability-related documentation is maintained in a secure location and separate from individual student files on campus. Disability-related information on students will not be released outside the university except in accordance with federal and state law. For example, records may be released in the following circumstances:

- Pursuant to a court order or subpoena.
- Written authorization for the release of information. Before giving such authorization, the student should understand the information being released, the purpose of the release, and to whom the information is being released. Information will not be released without consent unless state or federal law requires it.
- Faculty and staff are notified of reasonable accommodations that they are required to provide students with disabilities. Students requesting in-class accommodations or faculty assistance acknowledge that some level of disclosure may be necessary to provide requested accommodation(s). This does not, however, furnish faculty with the right to view a student’s disability-related information or discuss it with others.
- To notify appropriate officials in cases of health and safety emergencies.

Student Rights and Responsibilities

Individuals with disabilities at Lock Haven University have the right to:

- Equal access to courses, programs, services, jobs, activities, and facilities offered through the University;
- An equal opportunity to learn, and to receive reasonable accommodations, academic adjustments, and/or auxiliary aids and services (as necessary);
- Appropriate confidentiality of all information regarding the disability, except as disclosures are required or permitted by law; and
- Information in accessible formats.

Individuals with disabilities at Lock Haven University have the responsibility to:

- Meet qualifications and maintain or exceed essential institutional standards for courses, programs, services, activities, and facilities;
- Identify as an individual with a disability when an accommodation is needed and to seek information, counsel, and assistance as necessary;
- Demonstrate and/or document (from an appropriate professional) how the disability limits their participation in courses, programs, services, activities, and facilities;
- To assume personal responsibility for meeting with faculty and requesting additional assistance for obtaining reasonable accommodations, academic adjustments, and/or auxiliary aids and services; and
- Be a self-advocate. Learn and gain a better understanding of your disability and your needs associated with the disability and advocate for these.
University Rights and Responsibilities

Lock Haven University has the **right** to:

- Identify and establish essential functions, abilities, skills, knowledge, and standards for courses and to evaluate and determine reasonable accommodations on this basis;
- Request and receive, through the ODSS, current and appropriate documentation that supports requests for accommodations, academic adjustments, and/or auxiliary aids and services;
- Deny a request for accommodations, academic adjustments, and/or auxiliary aids and services if the documentation demonstrates that the request is not warranted, or if the individual fails to provide appropriate documentation;
- Select among similarly effective accommodations, adjustments, and/or auxiliary aids and services; and
- Refuse an unreasonable accommodation, adjustment, and/or auxiliary aid or service that creates an undue burden for the University, or imposes a fundamental alteration on a program or activity of the College.

Lock Haven University has the **responsibility** to:

- Provide academic information to students with disabilities in accessible formats upon request, unless to do so would constitute an undue burden for the University;
- Ensure that courses, programs, services, and facilities for students, when viewed in their entirety, are available and usable in integrated and appropriate settings;
- Evaluate students and applications on their abilities and not their disabilities;
- Provide or arrange reasonable accommodations, academic adjustments, and/or auxiliary aids and services for students with disabilities in courses, programs, services and facilities; and
- Maintain appropriate confidentiality of records and communication.

Retention of Disability Documentation

For Lock Haven University graduates who have provided documentation of disability to the ODSS, this documentation will be kept on file in the ODSS for at least five years after the student graduates. Additionally, documentation supplied to Disability Services by students who left the university prior to graduation will be kept on file in the Disability Services office for five years. Former students wishing to request a copy of documentation should submit a written request to the ODSS Director.
Study Abroad

Accessibility and levels of accommodations will depend on the program and country. Laws regarding disability and disability services vary by country. Each student’s case will be reviewed on an individual basis to ensure a successful study abroad experience.

Since many foreign countries do not have the same accessibility laws as the United States it is important that you inform the Institute for International Studies of your needs and concerns. The Institute for International Studies office will need to be contacted as early as possible in order to ensure that all special accommodations can be put in place.

Things to Consider

- Students are encouraged to disclose their disability to the Office of Disability Services at (570) 484-2926 or (hfowler@lhup.edu) as well as to the LHU Institute for International Studies at (570) 484-2723 (rcampbel@lhup.edu)
- There is much value in learning about the cultural differences in the country in which you will be studying.
- Understand that other countries define and respond to needs of persons with disabilities according to their culture.
- Identify more than one program of interest since program sites will have different types of accessibility.
- Contact your sites of interests to further learn about possibilities of accessibility.
- When assessing accessibility, consider the physical structures (ramps, elevators, curb cuts), the support services available (such as a disability services office), and what flexibility exists to design creative solutions (such as moving a classroom to the ground floor or identifying someone to serve as a note-taker).
- Speak with students with disabilities who have participated in various study abroad programs to obtain information about their personal experience.

Temporary Impairments

Students with temporary impairments (e.g., broken arm or sprained ankle) can contact the ODSS Director with any questions or concerns. Depending on the nature of the impairment, the student may be able to receive some form of assistance. Possible supportive services include:

- note-takers
- extended time on tests
- use of a laptop in the classroom
- temporary accessible parking permit

If you have suffered a temporary injury and need to discuss an accommodation, please call ODSS at (570) 484-2665.
Special Housing Request

A major part of the college educational experience is for students to learn to live on their own. LHU provides on-campus housing to enhance intellectual, social, and cultural development through the experience of living with other individuals who bring a variety of social and cultural backgrounds to the community.

Occasionally, a student may feel that he or she needs special consideration in residence hall assignments due to a disability. When such a situation occurs, the student should contact the LHU ODSS to discuss the request for special consideration.

The University requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports your medical needs. Please be aware that a diagnosis of a medical condition in and of itself does not automatically qualify you for a special housing assignment.

Please note that requests for single rooms based on a student’s desire to have a “quiet, undisturbed place to study” will be considered only in unusual circumstances. By virtue of the shared facilities, resources, and number of people living under one roof in the residence halls, a single room does not provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.

Private rooms are not provided as an accommodation if the accommodation can be provided in another way. Private rooms are not granted as accommodations for ADHD and Learning Disabilities.

Special requests for residence hall assignments should be made as soon as the student has decided to attend or continue at LHU. The deadline for these requests for new students is JULY 1 and for returning students is MARCH 1. Special requests need to be submitted each year; they do not carry forward. All requests are reviewed and prioritized according to severity of need. Every effort will be made to meet the student’s needs. However, a large number of high priority needs, limited residence hall space and the timeliness of the request may mean that not all requests will be met. If the request cannot be honored for the upcoming semester, the student will be put on a waiting list for consideration as openings occur.

Approval for an air-conditioned room as an accommodation requires documentation of a substantial physical or medical impairment. **Allergies and asthma do not generally represent a need for an accommodation.** Incoming freshman students seeking housing accommodations should make sure to check the appropriate box on the Room & Roommate Preference form that is sent out prior to your incoming semester. Please make sure that you become open with the ODSS prior to your special housing request as the Student Life and Housing department will want to make sure that your documentation is on file and you are indeed open with the ODSS. You must also provide the Special Housing Request Application (located in Appendix in this handbook) and send it directly to ODSS Director at 104 Russell Hall, Lock Haven University, Lock Haven, PA 17745. You can view the Student Life and Housing page at [http://www.lhup.edu/housing/](http://www.lhup.edu/housing/) or contact them at housing@lhup.edu or (570) 484-2317.

**Reminder:** Students who wish to make a Special Housing Request need to have the Special Housing Request Application completed by their physician.
Grievance Procedure

Lock Haven University has adopted the following complaint procedure providing for the prompt and equitable resolution of complaints alleging any action prohibited by the Americans with Disabilities Act of 1990, the ADAAA of 2008, and Section 504 of the Rehabilitation Act of 1973. These civil rights acts state in part, that “no otherwise qualified individual with a disability shall, solely by reason of such disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination” in any program or activity sponsored by a public institution.

Level One

All requests for accommodations or special services should first be brought to the Director of the Office of Disability Services for Students (ODSS). Problems with approved accommodations or services should be reported to the Director of the ODSS. In order to initiate a Level One grievance, the student should complete a Level One form (see Level One Grievance form in the Appendix section of this handbook) and submit it to the Director of the ODSS. The Director of the ODSS shall investigate the matter and issue a written decision within ten (10) business days after receiving the complaint. The Director and the student may mutually agree on an exact extension of time if additional information gathering is necessary. If the student is unable to resolve the matter with the Director in this informal stage, the student may then follow the formal grievance process.

Level Two

If a student is unable to resolve the matter with the Director, the student should forward a formal complaint to:

Dr. Donna Wilson Provost and Senior Vice President for Academic Affairs
210 Sullivan Hall
Lock Haven University
dwilson@lhup.edu
(570) 484-2576

1. A formal complaint should be filed in writing and include specific information. Please include: names of all individuals involved, any witnesses, dates, the name and address of the person filing the complaint, and a brief description of each alleged violation.

2. A formal complaint must be filed within fifteen (15) working days after receiving an unacceptable response to a request for information and/or assistance, or within twenty-five (25) days after the complainant becomes aware of the alleged violation.

3. An investigation, as may be appropriate, shall follow a filing or formal complaint. This procedure requires a thorough investigation, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint. If a complaint is against a faculty member, the provisions of Article 43 of the Collective Bargaining Agreement must be followed.

4. The Office of the Provost and Senior Vice President of Academic Affairs will be informed of the results of the investigation.

5. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Office of the Provost and Senior Vice President for Academic Affairs, or a designee, and a copy forwarded to the complainant within thirty (30) days of the conclusion of the investigation, not counting Saturdays, Sundays and Holidays.
6. The complainant can request a reconsideration of the case in instances where he/she is dissatisfied with the resolution issued by the Provost and Senior Vice President. The request for reconsideration must be made in writing to the President of the University within fifteen (15) working days of receipt of the response from the Office of the Provost and Senior Vice President for Academic Affairs. The President will respond in writing within (30) calendar days after receipt of the request for reconsideration. The decision of the President will be final.

7. The right of a person to a prompt and equitable resolution of a complaint filed using this procedure shall not be impaired by the person’s pursuit of other remedies such as filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

8. These rules shall be construed to protect the substantive rights or interested individuals to meet appropriate due process standards and to assure that Lock Haven University complies with ADA and its implementing regulations.

9. The Office of Social Equity shall maintain the files and records related to the complaints filed.
Community Resources

**Blindness and Visual Services (BVS)**
1130 12th Ave., Suite 300
Altoona, PA 16601
(814) 946-7330 Voice
(814) 949-7956 TTY
(866) 695-7673 Voice*
(866) 320-7956 TTY*

**National Library Services for the Blind and Physically Handicapped (NLS)**
The Library of Congress,
1291 Taylor Street, NW
Washington, DC 20011
Telephone: (202) 707-5100
TDD: (202) 707-0744
FAX: (202) 707-0712

The National Library Service provides books in recorded and Braille format for individuals who are visually impaired and/or blind. The NLS also provides equipment on which recorded materials may be played. To register for the service, eligible individuals must fill out an application from which may be obtained from the national office.

**Office of Vocational Rehabilitation (OVR)**
Vocational Rehabilitation Services
The Grit Building, Suite 102
208 W. 3rd Street
Williamsport, PA 17701
(570) 327-3600 Voice
(570) 327-3620 TTY
(800) 442-6359* Voice
(800) 706-0884* TTY

The goal of this office is to find and identify individuals who are vocationally handicapped in order to facilitate their movement from dependence to vocational productivity. The office also will help to place individuals who are disabled in employment and seeks to initiate, promote, and support efforts designed to assure disabled individuals’ full vocational participation in society. Individuals who are visually impaired are not eligible for help from this office but will receive services from Blindness and Visual Services.
Associations

ABLEDATA  www.abledata.com
ABLEDATA provides assistive technology information related to products and rehabilitation equipment. The site can assist people in locating domestic and international sources and the companies that sell the product. In addition, the site also provides current events and featured issues relating to disabilities.

Access USA-Braille Services  www.access-usa.com
Access is a Braille translation service for all types of copying, translation, and printing services.

Academic Software, Inc. (ASI)  www.acsw.com
An educational research based firm that specializes in Assistive technology. ASI designs and distributes custom software and hardware products for educational research and assistive technology communities.

Adaptive Device Locator System  www.adaptworld.com

Alexander Graham Bell Association for the Deaf (ABAD)  www.agbell.org
Membership comprises people with hearing impairments and their families, as well as professionals in the field. Its purpose is to promote the teaching of speech and lip reading; to encourage research on deafness; to provide educational consultation for school and agencies; to provide educational scholarships for oral-deaf students; and to provide information on speech and hearing.

Alliance for Technology Access (ATA)  www.ataccess.org
ATA is a group of resources, vendors, and associations that provide information and resources for individuals needing assistive technology. This site provides information about the ATA mission, membership opportunities, community of associations, initiatives, legal updates, and current news.

American Foundation for the Blind (AFB)  www.afb.org
The primary goals of the AFB are to serve as national clearing-house for information about blindness; to sponsor workshops for professionals working with people who are blind; to develop and manufacture special aids for persons who are blind and to lobby for legislation.

American Printing House for the Blind, Inc. (APH)  www.aph.org
Publishes materials for people who are blind (in Braille, large type, and recorded formats) and produces educational aids and appliances for use by persons who are partially sighted or blind.

American Speech-Language-Hearing Association (ASHA)  www.asha.org
This professional association for speech pathologists and audiologists acts as an accrediting agency for programs and as a certifying body for individuals. It also provides career information and conducts research.

Americans with Disabilities Act (ADA)  www.ada.gov
This site is designed to provide information and technical assistance on the Americans with Disabilities Act. Links are focused on employment, public transportation, accessibility issues, education, health care, labor and housing. In addition, many additional links take you to other related agencies, assistance programs and other legal sites.
Association on Higher Education and Disability (AHEAD) www.ahead.org
AHEAD collects, evaluates, and disseminates information; lobbies for legislation to benefit students with disabilities; provides referral and employment services; and promotes the equal rights of post-secondary students and graduates.

Association of University Centers on Disabilities www.aucd.org
This site provides information and resources related to centers on disabilities, research, and services within education. Links include information on legal matters, projects, employment, events, training opportunities, health care, current events and overall disability information. In addition the AUCD provides information geared toward advancing policy and practice for individuals with disabilities, families, and communities.

Attention Deficit Disorder Association (ADDA) www.add.org
ADDA is the world’s largest leading adult ADHD organization. This site provides information, resources, and networking opportunities for adults with ADHD and professionals working with them. Links include conferences, articles, finding help, products, and membership information.

Gallaudet University www.gallaudet.edu
The only liberal arts college in the world for students who are deaf, the college provides information on deafness and hearing impairments as well as educational materials for use in classroom teaching about deafness. It’s National Center for Law and The Deaf coordinated legislation and legal efforts on behalf of persons who are deaf and hearing impaired.

HEATH Higher Education and the Handicapped
The George Washington University HEATH Resource Center www.heath.gwu.edu
HEATH assists post-secondary educational programs in recruiting and retaining students with disabilities, provides as information clearinghouse (through the HEATH Resource Center), and offers workshops on working with students with disabilities.

International Dyslexia Association (IDA) www.interdys.org
IDA is a non-profit organization that focuses on individuals with dyslexia, their families and communities. This site provides information about the organization, dyslexia, IDA on-line services, conferences, and other links related to dyslexia.

LD OnLine www.Ldonline.org
This learning disability in depth site is exclusive for individuals looking at attending college. Information provided includes the planning and selection process, advice on creating a successful college experience, advocacy, technology, transitioning from high school, and others.

Learning Disabilities Association of America (LDA) www.Ldanatl.org
This is the largest non-profit organization advocating for students with learning disabilities. This powerful lobbying group disseminates information and provides assistance and referral services for local and state groups and now includes international memberships.

Microsoft Accessibility: Technology for Everyone www.microsoft.com/enable
The Microsoft Accessibility technology site provides information on products/support, assistive technology, step-by-step tutorials, guides by impairments, resource centers, research, and related articles. In addition, there are headline links with current news events related to technology and accessibility.

National Association of the Deaf (NAD) www.nad.org
Comprising adult deaf persons and other individuals, the NAD promotes the civil rights of people who are deaf, lobbies for legislation and programs that benefit people who are deaf, maintains a speaker’s bureau and a legal defense fund for people who are deaf, conducts and supports research, and serves as a clearinghouse of information on deafness.
The purpose of this institute is to provide closed caption television programs for people who are deaf and hard-of-hearing on cablecasters, and the home video industry. It also includes subtitling and language translation in over 40 different languages.

National Center for Law and the Deaf (NCLD)  
800 Florida Avenue, NE, Washington, DC 20002, Phone (202) 651-5373 (Voice-TTY)  
NCLD coordinates and provides legal services and representations for persons who are deaf and hearing impaired. NCLD also sponsors legal educational workshop for hearing consumers and serves as a clearinghouse for information about legal and law-related problems with deafness.

National Federation of the Blind (NFB)  
www.nfb.org  
The purpose of the NFB is to facilitate the complete and equal integration into society of persons who are blind. It provides information about blindness as well as information about federal and other programs for persons who are blind. Additionally, it supports and conducts scholarly and publishes the results.

National Library Service for the Blind and Physically Handicapped  
Library of Congress  
www.loc.gov/nls  
The National Library Service provides recorded materials (tape and record) and Braille materials for individuals who are visually impaired, physically disabled, or learning disabled (medically certified).

National Organization on Disability (NOD)  
www.nod.org  
NOD keeps current information related disability-related news, information and resources. Links are related to community involvement, economic participation and independent living/access.

National Rehabilitation Information Center  
www.naric.com  
This resource center operates online databases (ABLE-DATA and REHABDATA), and provides source documents of research reports, books, journals, conference proceedings, audiovisual materials, and material on blindness, deafness, developmental disabilities, spinal cord injuries, and emotional disturbances. It also provides reference and bibliography services, conducts training workshops, and provides technical assistance.

National Spinal Cord Injury Association (NSCIA)  
www.spinalcord.org  
Supports research toward a cure for paralysis from spinal cord injury; provides public and professional educational services and programs; and provides consultations for individuals as well as peer counseling programs. This site also maintains information and referral service as well as a placement service.

Pennsylvania Training & Technical Assistance Network (PaTTAN):  
A Professional Development Network  
www.pattan.k12.pa.us  
This site is a product of collaboration between the Pennsylvania Department of Education and the Bureau of Special Education. Its primary focus is supporting the needs of students with disabilities by providing technical assistance to schools, students with disabilities, and agencies.

Recording for the Blind and Dyslexic (RFB&D)  
www.rfbd.org  
Provides recorded materials and texts for qualified students who are blind or visually impaired in grade school, high school, college, and graduate school as well as for adults in business and the professions.

Registry of Interpreters for the Deaf, Inc.  
www.rid.org  
This national organization recruits and trains persons to become interpreters and maintains a registry accredited interpreters and translators. It serves as the central coordinating agency for the field of interpretation; sponsors research, training workshops, and professional conferences; certifies interpreters; and provides information about the referrals to other information centers and educational facilities.
SAMHSA’s National Mental Health Information Center [www.mentalhealth.org](http://www.mentalhealth.org)
This site is a compilation of mental health related information including suicide prevention, managing anxiety funding information, violence prevention and others.

**Self Help for Hard of Hearing People (SHHH) [www.shhh.org](http://www.shhh.org)**
A volunteer organization of persons who are hard-of-hearing, concerned peers, and professionals working in the field. Its goals are to educate members and the public on the nature of hearing impairments, as well as its detection, management, and prevention; to maintain a speaker’s bureau; to compile statistics; and to conduct educational programs.

**Source [www.maapservices.org](http://www.maapservices.org)**
The MAAP website provides information and advice for individuals with Asperger’s syndrome and also families. Related links include information on MAAP services, autism/asperger’s syndrome, legal rights, publications and conference information.

**Spina Bifida Association of America (SBAA) [www.sbaa.org](http://www.sbaa.org)**
Comprised of professionals and individuals with spina bifida, their families, and other concerned individuals, the SBAA provides information about spina bifida, conducts research, works toward the improvements of vocational training of individuals with spina bifida, holds educational seminars and workshops, and lobbies for appropriate legislation.

**USA TechGuide [www.usatechguide.com](http://www.usatechguide.com)**
The USA TechGuide site is a source of information more specific to assistive technology in the mobility area. (i.e. wheelchairs, scooters, standing devices and related products). Links include product reviews, tips, legal issue updates, and many resources.
Appendix 1

VERIFICATION OF PSYCHOLOGICAL DISABILITY

In order to determine your eligibility to receive accommodations and support services, the Office for Disability Services for Students (ODSS) requires specific information from both you and your provider. ODSS requires you to sign the release of information below giving ODSS permission to speak with your provider if there are questions related to your documentation. You must complete page 1, and your provider must complete pages 2-3. This verification form (pages 1-3) should be returned to: Heather Fowler, Director, Disability Services, 104 Russell Hall, Lock Haven University of Pennsylvania, Lock Haven, PA 17745, fax (570) 484-2894, or email: hfowler@lhup.edu

Student Completes This Section (Please Print or Type):

Student Name: _____________________________________________________________________________________

(Last) (First) (Middle)

Social Security Number: ___________________________________ Student I.D.#________________________

Birth Date: _____________________________ Gender: _____ Male _____ Female

Are you currently enrolled at Lock Haven?: ____________ Current Semester Standing: ____________________________

Home Address: _____________________________________________________________________________________

Home Phone #: _____________________________________________________________________________________

Local Address: _____________________________________________________________________________________

Local Phone #: __________________________ E-Mail Address: ________________________________

AUTHORIZATION TO RECEIVE INFORMATION: I authorize the Office for Disability Services to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Office for Disability Services.

Name of Provider: _____________________________________________________________________________________

Address (Street, City, State, and Zip): ___________________________________________________________________

____________________________________________________

Student’s Signature: __________________________ Date: __________________________
Provider Completes the Section Below:

Lock Haven University provides accommodations and support services to students with diagnosed disabilities. A student’s documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA) 1990. *The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.* To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student’s disorder from the diagnosing psychiatrist, psychologist or other licensed mental health professional *(the provider completing this form cannot be a relative of the student).* **Items 1 thru 7 must be completed in full.** If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

Please respond to the following items regarding the student named above *(Please Type or Print):*

1. What is the student’s DSM/ICD diagnosis(s)?
   _____________________________________________________________
   a. List and describe the student’s current symptoms that meet the criteria for the diagnosis(s).
   _____________________________________________________________
   _____________________________________________________________
   b. What is the severity of the condition(s)?
   _____________________________________________________________
   _____________________________________________________________
   c. What is the expected duration of this condition? Is it chronic, episodic, or short-term? *(Please describe)*
   _____________________________________________________________
   d. State the frequency of your appointments with this student and the date of your last contact with this student.
   _____________________________________________________________

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. Describe the symptoms related to the student’s condition that cause **significant** impairment in a major life activity.
   _____________________________________________________________
   _____________________________________________________________
4. List this student’s current medication(s), dosage, frequency, and adverse side effects.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

a. Are there significant limitations to the student’s functioning directly related to the prescribed medications?
   Yes _____ No _____

b. If yes, please describe. ____________________________________________________________

      ________________________________________________________________

5. Does the student have a disability* as a result of his/her condition? Yes _____ No _____

6. If yes, please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student’s functional limitations. Indicate why the accommodations you recommend are necessary (e.g., if you suggest extended time for testing, state the reasons for this request related to the student’s disability).

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

7. If current treatments (e.g., medications) are successful, why are accommodations necessary?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

The provider may also send a report that provides additional related information.

The provider completing this form cannot be a relative of the student.

Signature of Provider: ________________________________ Date: ______________________

License # ________________________________ State ______________________

(Please Type or Print)

   Name/Title: ____________________________________________

   Address: ____________________________________________

   Phone: ____________________________________________

Revised 08/30/13
Appendix 2

VERIFICATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

Student: In order to determine your eligibility to receive accommodations and support services, the LHU Office for Disability Services for Students (ODSS) requires specific information from both you and your provider. ODSS requires you to sign the release of information below giving ODSS permission to speak to your provider if there are questions related to your documentation. Please note that family members are not considered appropriate evaluators. The information you provide will not become part of the student’s educational records. You must complete page 1, and your provider must complete pages 2-3. This verification form (pages 1-3) should be returned to: Heather Fowler, Director, Disability Services, 104 Russell Hall, Lock Haven University of Pennsylvania, Lock Haven, PA 17745, (570) 484-2926, fax (570) 484-2894, email: hfowler@lhup.edu

Provider: It is most important that you thoroughly explain any ADD/ADHD symptoms and indicate the impact of these symptoms on functioning. If you wish to provide additional information, please attach it to the back of these forms.

Student Completes This Section (Please Print or Type):

Student Name: ____________________________________________________________________________________

(Last) (First) (Middle)

Social Security Number: ______________________________________ Student I.D.#____________________________

Birth Date: ____________________________ Gender: ____ Male    ____ Female

Are you currently enrolled at Lock Haven?: ____________  Current Semester Standing:_____________________

Home Address: ____________________________________________________________________________________

Home Phone #: ____________________________________________________________________________________

Local Address: ____________________________________________________________________________________

Local Phone #: ____________________________ E-mail Address: ____________________________________________________________________________________

AUTHORIZATION TO RECEIVE INFORMATION: I authorize the Office for Disability Services to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Office for Disability Services for Students.

Name of Provider: ____________________________________________________________________________________

Address (Street, City, State, and Zip): _______________________________________________________________________________________

__________________________________________________________________________________________

Student Signature: _______________________________________________   Date: ____________________________
Lock Haven University provides accommodations and support services to students with diagnosed disabilities. A student’s documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA, 1990; ADAAA, 2008). *The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student’s disorder from the diagnosing psychiatrist, psychologist or physician (the provider completing this form cannot be a relative of the student). Specific information concerning the student’s condition and its impact on learning must be provided. Items 1 thru 7 must be completed in full. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

Please respond to the following items regarding the student named above (Please check appropriate boxes):

1. If patient was diagnosed previously, please respond to the following:
   - ☐ Patient previously diagnosed with (please circle one) [ADD / ADHD] in ________ (year) when s/he was______ (age) by ___________________________________(please print the name of physician).
   - ☐ Prior treatment (check all that apply):
     - ☐ pharmacotherapy
     - ☐ psychotherapy
     - ☐ other (please specify):_________________________________

2. In order to (please circle one) [confirm prior diagnosis /diagnose] the presence of ADD/ADHD, I have:
   - ☐ Conducted a semi-structured diagnostic interview/consultation with the patient and gathered background information regarding ADD/ADHD symptoms in the patient’s:
     - ☐ developmental history
     - ☐ academic history (elementary, high school, college)
     - ☐ psychosocial history
     - ☐ familial history (medical and psychiatric).
   - ☐ Conducted an assessment using the DSM/ICD for ADD/ADHD.
   - ☐ Administered and evaluated responses from ADD/ADHD rating scale(s).
   - ☐ Conducted assessments to rule out any medical conditions, mood, behavioral, neurological, and personality disorders as the cause of the attentional and/or executive deficits.
   - ☐ Confirmed that ADD/ADHD symptoms have been present since childhood.
   - ☐ Confirmed impairment from symptoms of ADD/ADHD is present in (check all that apply):
     - ☐ academic situations
     - ☐ work situations
     - ☐ social situations

3. Based on the above information, the student meets the most current DSM/ICD criteria for: ________________________________________________________________ OR

   - ☐ I do not believe that this student has an attention deficit disorder.

4. ADD/ADHD treatment and recommendations (please check only one option below):

   - ☐ Patient is receiving pharmacotherapy and his/her symptoms are no longer having a major impact on the patient’s life.
OR

☐ Patient is receiving pharmacotherapy and is experiencing a major impact on his/her life from the following symptoms:
________________________________________________________________________
________________________________________________________________________

OR

☐ Patient is not receiving pharmacotherapy and is experiencing a major impact on his/her life from the following symptoms:
________________________________________________________________________
________________________________________________________________________

5. ADD/ADHD recommendations for academic accommodation (please check only one option below):

☐ Recommend extra time on exams/quizzes.
☐ Recommend separate distraction-reduced environment.
☐ Recommend both extra time on exams/quizzes and in a separate distraction-reduced environment.
☐ Do not recommend any academic accommodations.
☐ Recommend other ______________________________________________________________

6. State the frequency of your appointments with this patient and the date of your last contact with this patient.
____________________________________________________________________________________________

7. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out.
____________________________________________________________________________________________
____________________________________________________________________________________________

If additional related information is available, please attach to this form.
____________________________________________________________________________________________

Signature of Provider: ____________________________ Date: ________________

License #: ___________________________________________ State: ________________
(Please Type or Print).

Name/Title: ________________________________________________________________

Address: ____________________________________________________________________________________

Phone: _____________________________________________________________________________________
Appendix 3

VERIFICATION OF PHYSICAL/HEALTH RELATED DISABILITIES

In order to determine your eligibility to receive accommodations and support services, the Office for Disability Services for Students (ODSS) requires specific information from both you and your provider. ODSS requires you to sign the release of information below giving ODSS permission to speak with your provider if there are questions related to your documentation. You must complete page 1, and your provider must complete pages 2-3. This verification form (pages 1-3) should be returned to: Heather Fowler, Director, Disability Services, 104 Russell Hall, Lock Haven University of Pennsylvania, Lock Haven, PA 17745, (570) 484-2926, fax (570) 484-2894, or email: hfowler@lhup.edu

Student Completes This Section (Please Print or Type):

Student Name: ______________________________________________________________________________

(Last) (First) (Middle)

Social Security Number: ___________________________ Student I.D.# ___________________________

Birth Date: ___________________________ Gender: _____ Male _____ Female

Are you currently enrolled at Lock Haven?: ___________ Current Semester Standing: ______________

Home Address: ______________________________________________________________________________

Home Phone #: ______________________________________________________________________________

Local Address: ______________________________________________________________________________

Local Phone #: ______________________________________________________________________________

E-Mail Address: ______________________________________________________________________________

AUTHORIZATION TO RECEIVE INFORMATION: I authorize the Office for Disability Services to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Office for Disability Services.

Name of Provider: ____________________________________________________________________________

Address (Street, City, State, and Zip): ______________________________________________________________________________

___________________________________________________________________________________________

Student’s Signature: ___________________________ Date: ___________________________
This document contains information about Lock Haven University's accommodations and support services for students with disabilities, including the following:

1. The student's medical condition/diagnosis:
   - How long has the student had this condition?
   - What is the severity of the condition?
   - How long is this condition likely to persist?

2. Symptoms related to the student's condition that cause significant impairment in a major life activity:

3. The student's current medication(s), dosage, frequency, and adverse side effects:

Please respond to these questions for the student named above (Please Print or Type):

---

STUDENT’S NAME: ___________________________________________________________

Provider Completes the Section Below:

Lock Haven University provides accommodations and support services to students with diagnosed disabilities. A student’s documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA; 1990, ADAAA; 2008). *The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.* To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student’s disorder from the diagnosing physician or health care provider (the provider completing this form cannot be a relative of the student).

Items 1 thru 6 must be completed in full. If space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.
a) Are there significant limitations to the student’s functioning directly related to the prescribed medications?  
   Yes _______  No _______  

b) If yes, please describe.  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________ 

4. Does the student have a disability* as a result of this condition?  Yes _______  No _______  

5. If yes, please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student’s functional limitations. Indicate why the accommodations you recommend are necessary (e.g., if you suggest a private bathroom state the reasons for this request related to the student’s disability).  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  

6. If current treatments (e.g., medications) are successful, why are the above accommodations necessary?  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  
   _____________________________________________________________________________________________  

The provider may also send a report that provides additional related information. 

Signature of Provider: ________________________________  Date: ________________________________  
License # ________________________________  State ________________________________  

(Please Type or Print)  
Name/Title: ____________________________________________  
Address: _____________________________________________  
Phone: _______________________________________________  

Revised 08/30/13
Appendix 4

Lock Haven University
Office of Disability Services for Students
Release of Information

I, _________________________________________, give permission to the Office of Disability Services for Students faculty/staff at Lock Haven University to: (check & initial all that apply)

_______ Request and receive medical, test, or diagnostic information pertaining to my functional limitations for the purpose of determining program eligibility and planning appropriate accommodations.

_______ Share with appropriate members of the administration, faculty, and staff of Lock Haven any applicable information related to my disability for the purposes of seeking accommodations.

_______ Release applicable information to outside agencies providing me with services and supportive assistance (e.g. Office of Vocational Rehabilitation and Bureau of Blindness and Visual Services).

_______ Share applicable information with parents/guardians.

_______ Utilize the most effective mode of communication which could include, but not be limited to, written correspondence, telephone, and/or electronic mail.

Exchange applicable information with:

________________________________________________________

(Name)

________________________________________________________

(Address and Phone)

All information obtained will be maintained and used in accordance with the Americans with Disabilities Act (1990) confidentiality requirements.

Student Signature: ___________________________ Date: __________________________

Student ID#: ___________________________

Witness: ___________________________ Date: __________________________

Revised 08/30/13
Lock Haven University is a small, residential campus that requires its first semester students to live on campus as outlined by its housing policy. The University recognizes that, in some cases, accommodations may be necessary and has procedures in place to consider exceptions to its housing policies.

The University requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports your medical needs. Please be aware that a diagnosis of a medical condition in and of itself does not automatically qualify you for a special housing assignment.

Private rooms are not provided as an accommodation if the accommodation can be provided in another way. Private rooms are not granted as accommodations for ADHD and Learning Disabilities.

Assignment to an air-conditioned room as an accommodation requires documentation of a substantial physical or medical impairment. Allergies and asthma do not generally represent a need for an accommodation. Students wanting an air-conditioned room but who cannot meet the required standard should make a request through the regular room draw process with Student Life and Housing.

Special Housing is extremely limited. Only those students with the greatest medical need(s) will be recommended for special housing arrangements. In order to make this determination, it is important that the medical documentation support the request and is completed before the deadlines outlined below.

**New Students:** Our availability to accommodate special housing requests is limited. If you believe you have such a need, you and your treating professional must submit it for review by **July 1** to avoid being placed on a waiting list for special housing.

**Returning Students:** This form needs to be completed and returned by **March 1**.

## Directions

Students requesting special consideration of their housing assignments at LHU must submit this Application for Special Housing along with the section completed by their treating professional.

Please use the attached supporting documentation form as a guideline of the information needed to properly address your special housing request.

The application and/or documentation form may be faxed to Heather Fowler, Director of the Office of Disability Services for Students at (570) 484-2894. Any information you provide will be kept confidential and become part of your student record held in Office of Disability Services for Students (ODSS).

Each completed application is reviewed by the Director of the Office of Disability Services for Students in conjunction with the Health Center and Counseling Center when necessary.

**PART I: TO BE COMPLETED BY STUDENT**

| Last Name: | _________________ |
| First Name: | __________________ |
| Home Phone: | __________________ |
| Cell Phone: | __________________ |
Semester Requesting Housing Accommodation Begin
(academic year and semester, e.g. Fall '12)

___Immediately(students currently living in housing)

___Fall ‘___

___Spring ‘___

Classification:

___Incoming First Year
___Incoming Transfer
___Continuing Student

1.) I am requesting (check all that apply)

_____First Floor Accessible Room/Building
_____Permission to bring an air conditioning unit
_____Single room
_____Other ___________________________________

2.) Relevant Diagnosis _________________________________

3.) Explain how the accommodations you are requesting will improve your current situation.

__________________________________________________________________________________________________

4.) Please list below the health care professional(s) you are authorizing to provide us with information about you for consideration of this special housing request:

Name of Provider:_________________________ Name of Provider:_________________________
Telephone #: ____________________________ Telephone #: ____________________________

By my signature, I give my consent for the Student Disability Services Coordinator to contact my treating professional for additional information as needed.

Student Signature:_________________________ Student ID#: _________________ Date:___________________

**PART II: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Your patient named below is a student at Lock Haven University and is requesting a special housing assignment based on medical need. LHU is a small, residential campus that requires its first time freshman students to live on campus as outlined by its housing policy.

The University requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports the medical and/or psychological need of a student. This form has been designed to simplify the process. Please be aware that a diagnosis of a medical and/or psychological condition in and of itself does not automatically qualify a student for a special housing assignment.
The information you provide will be kept confidential and become part of the student’s records held in the Office of Disability Services for Students which is located in Russell Hall. Please fax or return the completed form to the address provided on the last page. In addition to the requested information, you may attach any other information you believe is relevant to the student’s special housing request. Contact the student or the ODSS Director, Heather Fowler at (570) 484-2926 with questions or concerns. Thank you for your assistance.

Student’s Name:______________________ Date of Birth:____________________

Today’s Date:_______________________ Date of Diagnosis (below):____________________

Student’s Diagnosis:________________________________________________________________

CERTIFYING PROFESSIONAL*

Printed Name:__________________________________________________________________________

Signature:____________________________________________________________________________

License Number:_________________________________________________________________________

Address:______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Telephone:____________________________ Fax:______________________________

*The diagnosing professional must have expertise in the differential diagnosis of the documented medical condition and follow established practices in the field.

All of the following questions must be answered in order for the student to be considered for Special Housing Accommodations. Special Housing is extremely limited. Only those students with the greatest medical need(s) will be recommended for special housing arrangements. In order to make this determination, it is important that the medical documentation support the request and is complete.

1.) Please check all relevant items below that contributed to your diagnosis adding any brief notes that you believe might be helpful to us as we review this request.

☐ Structured or unstructured interviews with the person him/herself

☐ Interviews with other persons

☐ Behavioral Observations

☐ Developmental History

☐ Educational History

☐ Medical History

☐ Neuro-Psychological testing and date(s) of testing
2.) What specific symptoms are manifesting themselves at this time, that affect the student’s ability to function on a residential campus of higher education?

3.) How does the special housing request support the student’s active participation in your personnel treatment plan?

4.) What medications(s) is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student’s ability to function on a residential campus of higher education?

5.) What is the student’s prognosis? How long do you anticipate the student will need special housing?

   Circle One:   6 months     1 Year     More than 1 year

6.) Is there anything else you want us to know about the student’s status? You may attach additional documentation as needed to verify diagnosis. Please include any relevant medical test results when available.

Please fax, mail or email this form to:
Heather Fowler, MA LPC
Director of the Office of Disability Services for Students
104 Russell Hall
Lock Haven University
Lock Haven PA 17745
P-(570) 484-2926
F-(570) 484-2894
hfowler@lhup.edu
Appendix 6
Lock Haven University
Office of Disability Services for Students
Level One Grievance Form

Date: _________________

Name: ________________________________

I believe I have been subjected to discrimination on the basis of my disability, in violation of Lock Haven University’s policies, by (name of staff/faculty person and department or office) ________________________________________________________________

__________________________________________________________________________________________________

I requested the following accommodation: _______________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

What I received was (please describe): ________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

___________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

___________________________________________________________

Signed: ____________________________________

Please make a copy of this form for yourself before you submit the original to the Director of Disability Services.