Disability Registration Packet

Office of Academic Affairs
Campbell Hall 114
404.687.4521
Dear Student,

Thank you for contacting the Office of Academic Affairs at Columbia Theological Seminary. If you have a diagnosed, physical, psychological, and/or learning disability, you may qualify for services and accommodations to ensure an equal opportunity to fully participate in the programs, courses, and activities at Columbia Theological Seminary.

A disability that qualifies a student for accommodations in higher education is a physical or mental impairment that substantially limits one or more of the major life activities (caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working). In order to verify that you have what can be considered a qualifying disability, and to request accommodations with the Office of Academic Affairs, you will need to: 1) read and complete the student disability services packet 2) provide recent documentation from a qualified professional to our office, and 3) meet with the academic administrator to discuss accommodations, services, and support. Please follow the directions that are stated below and return the completed packet within two weeks of needing the accommodation(s).

Instructions for Registering for Disability Services
(1) Complete and return the application form.
(2) Carefully read the Student Responsibility Statement. Please keep this copy for your records.
(3) Complete and return the Receipt of Student Responsibility Statement and the Release of Information Form.
(4) Submit appropriate documentation / medical evaluation(s) to the academic administrator in the Office of Academic Affairs.

Please note:
- In the case of attention deficit or learning disabilities, the evaluation must have been completed after your eighteenth birthday and within three years. Students who have been pursuing a higher education degree within the last three years may submit documentation that was used for that previous degree, if it meets the standards for documentation found in the Guidelines for Submitting Documentation guide.
- If you already have an up-to-date evaluation then you may simply send in a copy of this evaluation along with the completed packet.

Once all documentation has been submitted, the coordinator of student disability services will contact you. They will set up an appointment to discuss appropriate auxiliary aids and services and/or accommodations. Please return application materials to:
Office of Academic Affairs
Columbia Theological Seminary
701 S. Columbia Drive
Decatur, GA 30030
404.687.4521
404.687.4575

Please feel free to contact Ann Clay Adams, Academic Administrator, if you have questions or need additional information: AdamsA@CTSnet.edu or 404.687.4524
Student Responsibility Statement

The Student Responsibility Statement is designed to emphasize a partnership between the Office of Academic Affairs and the student requesting/receiving academic accommodations. The role of the Office is to provide support to any individual with a documented disability who requests academic adjustments to ensure equal access. The responsibilities of the student are outlined below.

Registering with the Office of Academic Affairs

I understand that as a seminary student with a disability, who is requesting services, I am obligated to provide notification of my disabling condition to the Office of Academic Affairs. I further realize that in order to receive services, the Office of Academic Affairs must receive completed application materials and an evaluation from a qualified professional documenting the existence of my disability. I also understand that in the case of Attention Deficit Disorder or a Learning Disability, the evaluation must have been completed after my eighteenth birthday and within the last three years. If I have been using documentation to pursue a higher education degree within the last three years, then I may submit that documentation.

The Office of Academic Affairs will review my documentation to determine my eligibility for services. After my eligibility for services has been established, I must meet with the academic administrator from the Office of Academic Affairs to discuss the services and/or accommodations that are appropriate for me. During this meeting, I will have an opportunity to provide input on reasonable accommodations to accommodate my disability.

Appropriate services will be implemented on a continuous basis each semester that I am enrolled at Columbia Theological Seminary and qualify as an individual with a disability.

Enrollment Responsibilities

I understand that it is my responsibility to meet with my professor(s) at the beginning of each semester to review my accommodations and to remain actively involved in the accommodations process. I will request a meeting with my instructors before or during the second week of class.

Memos regarding my educational accommodations will be mailed each semester to notify my advisor and my professors/instructors of my accommodations. I understand that any disclosure of information about my disability will be limited to what is minimally necessary to coordinate my educational accommodations.

If special classroom or testing accommodations have been made that involve the services of others, (i.e., readers, or assistants for special testing arrangements), I understand that I must notify Office of Academic Affairs in advance of any inability to attend classes. I further understand that if I fail to comply with this notification requirement my schedule will be adversely affected and may inadvertently affect my ability to provide future service(s) on my behalf.

I further understand that it is my responsibility to notify the Office of Academic Affairs immediately of any problems or difficulties with my accommodations.

I understand that it is my responsibility to update the office as necessary regarding the need for additional or different services or if I decline approved services. The Office of Academic Affairs will review all new requests and implement additional services as deemed appropriate.

I understand that it is my responsibility to notify the Office of Academic Affairs in writing if I withdraw from a course or add a course.

If I am not enrolled for two consecutive semesters, I understand that it is my responsibility to notify the Office of Academic Affairs office to reactivate services once I resume classes at Columbia Theological Seminary.
I understand that it is my responsibility to contact the Office of Academic Affairs at least two weeks before final exams and make arrangements to schedule my final exams.

Prior to the start of each semester, I am responsible for providing the Office of Academic Affairs a written copy of my schedule.

Finally, I understand that I have a right to file a formal grievance regarding any unresolved dispute related to my disability with the Office of Academic Affairs.

RECEIPT OF STUDENT RESPONSIBILITY STATEMENT
I have received a copy of the Student Responsibility Statement from the Office of Academic Affairs and agree to review its contents. During my enrollment at CTS, I will use this document as a reference to assist me in understanding my responsibilities as a student with a disability at Columbia Theological Seminary. If the Office of Academic Affairs makes amendments to the Student Responsibility Statement, I understand that the Office of Academic Affairs will make reasonable efforts to inform me of these changes. If I am unclear about any existing policy, I understand that it is my responsibility to direct my questions to:
Office of Academic Affairs
Columbia Theological Seminary
701 S. Columbia Drive
Decatur, GA 30030
404.687.4524

Student’s Signature: ____________________________________________

Date: _________________________________________________________
RELEASE OF INFORMATION TO FACULTY/STAFF/SERVICE PROVIDER

I hereby authorize the staff of Office of Academic Affairs at Columbia Theological Seminary to release any pertinent medical, psychological, educational, or vocational information to the faculty and staff at Columbia Theological Seminary and/or activity. Disclosure of information will be restricted to what is necessary, relevant, and verifiable.

Student’s Signature: ______________________________________________________

Date: ____________________________

Student’s Name: __________________________________________________________

Witness: _________________________________________________________________

Date: ____________________________
Student Name: ______________________________________________________________

Date of Birth: ______________________________________________________________

TO:_____________________________________________________________________
    Office/Agency: __________________________________________________________
    Representative: _________________________________________________________

With my signature, I hereby grant permission for the release of my records and information regarding my disability both to and from the Columbia Theological Seminary Office of Academic Affairs, with the understanding that these records and any related information will be kept in accordance with all state and federal regulations pertaining to student records. I understand that the staff the Office of Academic Affairs will have access via telephone, in person, or by US and electronic mail to information that may include the following items that have been marked. The information I request to be released is in regard to (please check all that apply):

- Diagnosis of Disability (i.e.: Medical, Psychological, ADD/ADHD, Learning Disorder)
- Recommendations for support services in postsecondary academic and occupational education settings.
- Other:

Signature: ________________________________________________________________

Date: ___________________________________________________________________

This authorization will remain in effect until revoked in writing by the student.

Please send requested information to:

Ann Clay Adams
Academic Administrator
Columbia Theological Seminary
701 S. Columbia Drive
Decatur, GA 30030

404.687.4524 phone
404.687.4575 fax
Guidelines for Submitting Documentation

In order to consider academic adjustments, Columbia Theological Seminary requires documentation from a qualified clinician that includes the following:

- A diagnosis of the disability or disabilities;
- A list of functional limitations the student will experience in an academic environment; and
- Possible appropriate academic accommodations.

The documentation should also include the following: the credentials of the diagnosing professional(s); the date of the most current diagnostic evaluation; and the date of the original diagnosis. Additional information that could prove helpful includes the following: any treatments, medications, assistive devices and services currently prescribed; and a description of the expected prognosis or stability of the impact of the disability over time.

It is important to note that test and evaluation results as well as diagnostic labels are not alone sufficient in terms of accommodation requests. A clinician’s evaluative summary of these test/evaluation results that includes the information listed above is needed. A qualified clinician is considered a professional with credentials that would be generally accepted as appropriate to diagnose the disability. It is recommended that you speak with your doctor or practitioner to create documentation that appropriately explains the nature of your disability in such a way so that we can make necessary and suitable accommodations for you.

In all cases, documentation must be recent enough to describe the current status of the disability. Documentation should not be older than three years. Older documentation will be considered on a case-by-case basis, as well as statements and materials from other schools listing accommodations provided if in use within the last three years. Please note that IEPs or 504 Plans from high school are not sufficient for services and will not be accepted as official documentation.

Documentation received will be treated as confidential and will not become part of a student’s permanent record. Information provided will be shared within the seminary on a need-to-know basis and with the sole intent of providing accommodations for the student.

All documentation should follow the guidelines stated previously. Additional information is given for specific disabilities as follows:

**Learning Disabilities and/or Dyslexia**

- Testing should be recent (within the past three years). Older documentation will be considered on a case-by-case basis.
- Testing must provide clear and specific diagnosis of a learning disability. Cognitive assessments are necessary for students requesting biblical language (Greek and/or Hebrew) exemptions.
- Testing must be comprehensive in terms of measuring aptitude, academic achievement, and information processing.
- The tests used should be reliable, valid, and standardized for use with an adolescent/adult population.
- A diagnostic summary is needed that interprets the evaluation results to show what specific accommodations are needed and why based on the listed functional limitations of the student.
• Test scores and data must be included.
• Diagnostic reports must include the names and titles of the evaluators as well as the date(s) of testing.

**Attention-Deficit/Hyperactivity Disorder and Related Disorders**
Testing should be recent (within the past year). Older documentation will be considered on a case-by-case basis.
• A clear and specific diagnosis of ADHD and/or related conditions must be provided.
• A diagnostic report is needed that includes a review and discussion of the diagnoses and the tests, questionnaires, interviews, and/or observations used to identify the disorder.
• A summary of how the disorder limits academic functioning with a list of and rationale for recommended academic accommodations. This summary should include information regarding the onset, longevity, and severity of the symptoms.
• A qualified evaluator such as a clinical psychologist, a neuropsychologist, or a psychiatrist must provide the diagnosis and evaluative summary.

**Medical-related -- Orthopedic and Chronic Illnesses**
Documentation must be from a licensed physician or other licensed professional qualified to diagnose the condition. A diagnosis, a list of functional limitations, and a list of possible accommodations with rationales must be provided. Any information concerning prognosis that is deemed important should be included.

**Psychological/Psychiatric Conditions**
Diagnosis must coincide with current DSM IV requirements and include the student’s current level of functioning. Documentation must be from a licensed psychologist, psychiatrist, or other qualified licensed professional. A list of functional limitations and accommodations with rationales must be provided.

**Hearing Loss/Deafness**
The preferred form of documentation is an audiogram by a licensed audiologist and any supporting medical documentation. A summary must be provided that includes the student’s functional limitations and recommended academic accommodations including the need for adaptive equipment and interpreting services. A statement as to the student’s preferred means of communication (Ex: American Sign Language; Signed English) should be included.

**Visual Impairments**
Documentation must be from an ophthalmologist and include specific visual acuity representations for each eye and a specific diagnosis, including a statement of legal blindness if appropriate. A summary should be provided that includes the student’s functional limitations and recommended academic accommodations including the need for adaptive equipment.

**Temporary Disabilities**
Students who develop a medical condition or injury that is considered temporary yet disabling, will be provided with the same level of attention and consideration as students with more permanent disabilities. Documentation should include the expected date that the condition will no longer be disabling, or the date of the next medical evaluation.
Disabilities Not Otherwise Specified
Students with disabilities not covered in this section should contact their designated administrator if additional information is needed. Consultations with a medical provider/documentation source are possible with written and signed permission from the student. Consultations will be for clarification of required documentation and/or requested accommodations only. Phone conversations from physicians and other evaluators cannot take the place of needed documentation.
Application Form Office of Academic Affairs

1. Contact Information
   TODAY’S DATE________________________________
   Name: _______________________________________
   Date of Birth: _________________________________
   Local Address: _________________________________ Phone: _________________________________
   Permanent Address: ____________________________ Phone: _________________________________
   Current Employment: ___________________________ Phone: _________________________________

2. Disability Information
   Disability: ______________________________________
   Age of onset of Disability: _________________________________
   Diagnostician’s/Evaluator’s/Physician’s Name and Address:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   Medical Restrictions (if any, related to a disability):
   CURRENT ME
   Current Medications (if any, related to a disability):

3. Academic Information
   Degree: _______________________________________
   Year in School: ________________________________
   Expected Enrollment Date: _________________________
   Expected Graduation Date: _________________________

   Please indicate any accommodations that may assist you in pursuing your education or the types of accommodation you have received in the past. An evaluation will need to be submitted before these services can be considered:

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

Signature
_________________________________________________________ Date________________________