

CALIFORNIA WESTERN

SCHOOL OF LAW | San Diego

Disability Services Checklist for Students

STEP 1:

- Review the Policy and Procedure for the Provision of Services to Students with Disabilities
- Read all of the accommodations information packet and sign and submit the following:
 - Accommodations Request Verification
 - Release Form
- Request full professional documentation of the disability for which you seek accommodations.
 - The letter along with medical testing documents need to be sent by the provider via email (StudentServices@cwsd.edu), fax (619-615-1448), or mailed to the office of Student & Diversity Services.

Partial documentation will not be accepted.

The accommodations process will not move forward until Step 1 is complete.

STEP 2:

- Schedule an appointment with the Dean of Students to discuss your accommodation needs
- After approval, the Student Services Office will prepare a letter of confirmation - you must sign your copy in Student Services
 - If you have been granted testing accommodations, review and sign the "Testing Accommodations" information sheet - a copy will go in your accommodations file and a copy will be given to you
 - At the beginning of each trimester, an Accommodations Confirmation E-Mail will be sent to your CWSL E-Mail address. You will be required to sign and return it to Student Services by the due date stated in the letter. This letter confirms the accommodations CWSL will provide. By your signature you acknowledge that your disability status has not changed and that the accommodations have not been improperly procured.
- If you will be receiving the digital books accommodation, an Alternate Format Book Request must be submitted at least five weeks prior to the start of each trimester
Arranging for textbooks in an alternate format is a time-consuming process; therefore, students are urged to submit a copy of the book receipt as well as the request form at least two weeks prior to the first day of classes so that the books will be available when the trimester begins.

Make an appointment to meet with the Dean of Students immediately if you have any concerns regarding your accommodations.

Dispute Resolution Procedure: Student Handbook Policy III. Policy and Procedure for the Provision of Services to Students with Disabilities, section IV.E

Revised January 2015

CALIFORNIA WESTERN SCHOOL OF LAW | San Diego

Student and Diversity Services
225 Cedar Street
San Diego, CA 92101
Telephone: (619) 515-1576
Confidential Facsimile: (619) 615-1448

ACCOMMODATIONS REQUEST

Students with disabilities may need special accommodations to facilitate their study of the law. If you are such a student and have documentation of your disability, please complete the questionnaire below.

In order for the school to review information and documentation, determine appropriate accommodations, and provide those accommodations in a timely fashion, please return the completed questionnaire directly to the Dean of Student Services as soon as possible.

Disability information is given to other School personnel only when necessary for such personnel to carry out their responsibilities while providing accommodations or otherwise complying with relevant disability-related policies. Please contact the office of Student and Diversity Services if you have any questions about the program or need more information.

Full Name (Print): _____

Student ID#: _____ Name Known As: _____

CWSL student email address: _____
For official disability related email.

Local Address: _____

Permanent Address: _____

Local Phone: () _____ Permanent Phone: () _____

Student Status (circle one): Entering 1st Trimester 2nd Trimester 2nd Year 3rd Year

Nature of your accommodation request (check all that apply):

- Learning Disability
- Attention-Deficit/Hyperactivity
- Psychiatric Disorder (e.g., anxiety disorder, depression, OCD)
- Physical Disability
- Hearing Impairment
- Visual Impairment
- Other (specify): _____

When were you first diagnosed with your condition?

Year: _____ Age: _____ Grade: _____

Are you currently being treated? Yes _____ No _____

If yes, provide the name, qualifications and contact number of your current treating professional.

Please specify your disability:

Other than testing accommodations, describe what strategies, devices, or medications you ordinarily use to manage your condition:

Please describe any academic adjustments or accommodations you have received in a postsecondary institution or in the workplace:

Please list any academic adjustments or accommodations you are requesting in order to equalize your opportunities for success at California Western School of Law:

Have you read the Documentation Requirements associated with your accommodations request?
Yes _____ No _____

I am aware that it is my responsibility to file a complete request, which includes all necessary forms, and understand that it will not be processed if found to be incomplete. I have included all original forms, supporting documentation in legible form. I understand that if my petition is not filed by the final accommodation request deadline of the trimester in which I am applying, it will not be processed for that examination but for the following trimester exams.

Accommodations are subject to review, revision and possible termination upon any change in the nature of the disability or the student's failure to properly utilize the services provided.

Students shall immediately report in writing any claimed dissatisfaction with an accommodation to the Assistant Dean for Student and Diversity Services.

Services for students who improperly procure accommodations under this policy will be immediately terminated and the student may be subject to disciplinary actions under the Honor Code.

Signature

Date

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RELEASE FORM

I _____, hereby give authorization to _____
(Name of Student) (Name of Professional)

to release any and all information, including supporting tests related to the diagnosis of my condition, to California Western School of Law for the sole purpose of accommodating my disability.

Date of Birth: _____ Social Security #: _____

Signature

Date

In order to maintain appropriate confidentiality, please mail this Release Form to: Office of the Student & Diversity Services, California Western School of Law, Second Floor, 225 Cedar Street, San Diego, CA 92101-3046

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PROFESSIONAL VERIFICATION

Please attach detailed information on the type of assessment tools utilized, information from any intake process utilized and the summary if the assessment results.

**** INCLUDE SUPPORTING REPORTS, DOCUMENTS OR TEST SCORES.**

** Please review the Procedure for Verifying Disabilities, Section C, for information regarding required documentation.

Name of Professional Completing this Form: _____

Occupation, Title and Specialty: _____

License Number (or professional certification, degrees, etc.): _____

Address: _____

Phone Number: _____ Fax Number: _____

Name of Student Requesting Accommodations: _____

Date you last treated or evaluated student: _____

Nature of the disability/illness/condition for which treatment, service or consultation is given:

Treatment, service, and/or consultation consisted of: _____

Is this a permanent disability, illness or condition (check one)? Yes No

If NO, give specific date or length of time the disability, illness or condition will abate:

If the specific disability, condition or illness may affect the student in a learning and/or testing environment (ability to read, write, or concentrate for extended periods of time), please explain specifically how the accommodations recommended below are relevant to the nature of the disability, illness, or condition.

Please **circle** the amount of additional time needed for exams based on one hour:

Additional 5 minutes Additional 10 minutes Additional 15 minutes Additional 20 minutes

Time and a half Double time Not Applicable Other _____

Does the student need breaks during exams? Yes No

If so, does the time stop? Yes No

Does the student require a private room? Yes No

Does the student require any special classroom accommodations?

Notes

Preferred Seating

Recording of Class

What other accommodations do you recommend? Be as specific as possible with the nature of all accommodations recommended and the basis of your recommendation.

Reasonable and appropriate accommodations are defined as alternative means to access information or facilities, or alternative ways to demonstrate knowledge, without compromising essential academic objectives and without undue financial or administrative burden on the institution.

I certify that the above noted accommodations are current and reflect the student's present level of functioning of the major life activities affected by the disability.

Signature

Date

In order to maintain appropriate confidentiality, please fax or mail ALL FORMS and ALL SUPPORTING DOCUMENTATION to: (619) 615-1448 or California Western School of Law, Student and Diversity Services 225 Cedar Street, San Diego, CA 92101-3046