

Checklist for Students with Disabilities



Effective Fall 2014, all first-time college students (ages 17-24) will be required to adhere to several new policy changes designed to help students start strong at NOVA. Please see the following link for more information: <http://www.nvcc.edu/sixpolicychanges.pdf>.

- It is highly recommended that students complete the admissions process to NOVA prior to scheduling an intake appointment with a Disability Service Counselor.
- Both the English and Math portions of the Virginia Placement Test (VPT) are untimed. If you have other needs that require academic accommodations for a placement test at NOVA, please visit NOVA's [Disabilities Services Website](#) and follow the instructions for requesting accommodations **PRIOR** to taking your placement test. It may take up to three weeks (or longer during peak registration times) to respond to some accommodation requests.

Students interested in applying for accommodations should complete the three steps listed below:

STEP 1: Review the Intake Packet and complete, sign, and date each Form.

Forms in Intake Packet: <http://www.nvcc.edu/forms/pdf/Disability%20Services%20Intake%20Packet.pdf>

- Students with Disabilities Information Form
- Consent for Release of Information
- Notice of Destruction of Outdated Disability-Related Records Policy
- Commonwealth of Virginia Voter Registration Agency Certification

STEP 2: Obtain appropriate and relevant documentation of disability.

- Review the Disability Documentation Guidelines (pages 2-3) included with this Checklist.
- Please note that an IEP and/or 504 Plan are **not** sufficient documentation to establish eligibility, but may be included.
- Documentation that is not current but otherwise meets College guidelines **may** be eligible for one semester of **provisional** accommodations while student seeks re-evaluation.

STEP 3: Schedule an intake appointment with a Disability Counselor.

- Contact the campus of your choice for more information about scheduling an intake appointment.
Note: The appointment scheduling process may vary by campus.
- Submit all completed checklist forms and copies of the disability documentation to the appropriate campus, prior to your appointment.

Campus Contact Information:

Alexandria: 703-933-1840
Annandale: 703-323-3200
Manassas: 703-257-6610
Loudoun: 703-450-2591

Medical Education: 703-822-6633
Extended Learning Institute (ELI): 703-323-2404
Woodbridge: 703-878-5760

Interpreter Services: 703-323-3187 (V/TTY) 571-989-1922 (VP) or interpreters@nvcc.edu
For more information, visit: <http://www.nvcc.edu/current-students/disability-services/>

DISABILITY DOCUMENTATION GUIDELINES

All documentation should adhere to the following guidelines:

- **IEPs and/or 504 Plans are not sufficient documentation to establish eligibility, but may be included.**
- The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist), as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. All documentation/letters must be on official letterhead, typed, with signature and date.
- Documentation must be in narrative format. A diagnosis alone is not sufficient information to establish eligibility or provide accommodations.
- A description of the current substantial functional impact of the disability on a major life activity.
- Treatments, medications, and/or assistive devices/services currently prescribed or in use. Significant side effects that may impact physical, perceptual, behavioral or cognitive performance should also be noted
- A description of the expected progression or stability of the impact of the disability over time, particularly the next five years. This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation.
- The certified professional should recommend accommodations, including adaptive devices, assistive services, compensatory strategies, and/or collateral support services. Those recommendations that are congruent with the programs and services offered by NOVA will be given deference. When recommendations go beyond services and benefits that can be provided by the college they may be used to suggest potential referrals to local area services providers outside of the college.

Criteria for Learning Disabilities

- Psychological or neuropsychological evaluation. Documentation of a Learning Disability should be no more than three years old if testing instruments normed for children were used in the evaluation. Evaluations using adult-normed testing instruments are considered current for five years.
- Criterion scores must be used to establish the area(s) of disability. Statements such as “learning differences,” “relative weaknesses,” “appears to have a learning style similar to a person with a learning disability” or “additional testing should be conducted to rule out a learning disability” and academic problems in and of themselves do not substantiate a learning disability.
- A qualified, licensed professional must conduct the evaluation. Qualified professionals generally include a clinical or educational psychologist, neuro-psychologist, and learning disabilities specialist. All reports must be typed, legible, signed by the qualified professional, and submitted on official letterhead.
- Tests used to determine eligibility must be technically sound and normed on the appropriate population. Actual test results must be included in the evaluation with all subtest and standard scores and percentiles listed as appropriate.
- Comprehensive testing that measures both Aptitude and Achievement is required. Appropriate aptitude test instruments may include, but are not limited to: The Wechsler Adult Intelligence Scale (WAIS), Wechsler Intelligence Scale for Children, Stanford Binet Intelligence Test. Appropriate achievement test instruments may include, but are not limited to: Woodcock Johnson Tests of Achievement, Wechsler Individual Achievement Test, Stanford Test of Academic Skills. Specific achievement tests such as the Test of Written Language-2 (TOWL-2), Woodcock Reading Mastery Test, or the Stanford Diagnostic Mathematics Test may also be included with complete achievement battery.
- The Slosson Intelligence Test, Kauffman Brief Intelligence Test, and the Test of Non-Verbal Intelligence are not sufficient to establish aptitude levels. The Wide Range Achievement Test and The Nelson Denny Reading Test are not sufficient in and of themselves to establish achievement levels.
- Other assessment measures (Visual Motor Integration, Memory, etc.) may be integrated with the above documents.
- Any recommended accommodations by the evaluator(s) should include a detailed explanation as to why each accommodation is needed and must be backed-up by testing data.

Criteria for Developmental Disabilities (including Autism-Spectrum Disorders)

- A statement of DSM diagnosis and date of onset.
- A narrative summary of the current level of functioning, specifying present symptoms resulting in substantial functional limitations of one or more life functions.
- Medical information to be considered in a college environment, including medication needs and side effects, and personal care concerns.
- Suggestions of reasonable accommodations supported by the diagnosis, including assistive devices, techniques, or supports that are essential to the success of the student.

Criteria for Attention Deficit Disorders

- A clear statement of the DSM or ICD diagnosis, including pertinent history. A Neuropsychological Evaluation is preferred.
- Documentation should typically be less than three years old. Updated documentation may periodically be requested to determine current functioning.
- A narrative summary of the assessment procedures used to come to the diagnosis. Assessment results should be included.
- A narrative summary of the current level of functioning, specifying present symptoms and fluctuating conditions/symptoms resulting in functional limitations.
- Medical information to be considered in a college environment, including medication needs and side effects.
- Suggestions of reasonable accommodations supported by the diagnosis.

Criteria for Psychiatric Disabilities

- A clear statement of the DSM or ICD diagnosis, including pertinent history.
- Documentation should typically be less than one year old. Updated documentation may periodically be requested to determine current functioning.
- A narrative summary of the assessment procedures used to come to the diagnosis.
- A narrative summary of the current level of functioning, specifying present symptoms and fluctuating conditions/symptoms resulting in functional limitations.
- Medical information to be considered in a college environment, including medication needs and side effects.
- Suggestions of reasonable accommodations supported by the diagnosis.

Criteria for Deaf/Hard of Hearing

- An assessment (Audiogram) confirming the diagnosis of hearing impairment and the severity of hearing loss.
- Documentation should be less than three years old. In cases where the hearing loss is static (unchanging), an older audiogram may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If the hearing loss is progressive, updated documentation may periodically be requested.
- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.

Criteria for Blind/Visually Impaired

- A diagnosis of visual impairment including acuity, prognosis, and prescription of correction and/or low vision aids.
- Documentation should be less than three years old. In cases where the visual impairment is static (unchanging), an older assessment may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If the loss of vision is progressive, updated documentation may periodically be requested.
- A summary of the current level of functioning, specifying areas of functional limitation.
- A summary of the assessment procedures used to come to the diagnosis.
- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.

Criteria for Other Medical Conditions

- In general, a diagnosis of a medical condition, including prognosis is required. If no specific diagnosis has been made, documentation must demonstrate that present medical symptoms substantially limit one or more major life activities.
- Documentation should be less than three years old. In cases where the impairment is static (unchanging), an older assessment may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If functioning is expected to change during the student's enrollment, updated documentation may periodically be requested.
- A summary of the current level of functioning, specifying areas of functional limitation.
- A summary of the assessment procedures used to come to the diagnosis.
- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.
- Other medical information to be considered in a college environment, including medication needs and side effects, and personal care concerns

Students with Disabilities Information Form

Please complete and return to the Disability Support Service Counselor on your campus.

Name: _____
Last First M.I.

Student ID #: _____

Address: _____

City State Zip

Date of Birth: _____

Home Phone: _____

NOVA E-mail Address: _____

Work Phone: _____

Cell Phone: _____

All faculty, staff and students are expected to check their NOVA email on a frequent and consistent basis in order to ensure that they are staying current with all official communications.

Ethnicity (check all that apply):

☐ African American

☐ Caucasian

☐ American Indian or Alaskan Native

☐ Hispanic

☐ Asian or Pacific Islander

☐ Other

☐ High School: _____ ☐ GED Date of Graduation/GED: _____

Campus(es) you expect to or are attending:

☐ Annandale

☐ Alexandria

☐ Medical Education

☐ Loudoun

☐ Manassas

☐ Woodbridge

☐ ELI

When will you start classes? ☐ Fall ☐ Spring ☐ Summer Year: 20____

Financial Assistance/Program Assistance:

☐ Financial Aid

☐ Department for the Blind and Visually Impaired

☐ Scholarship _____

☐ Other _____

☐ Department of Rehabilitative Services

DISABILITY: (Check all that apply)

☐ Acquired Brain Injury

☐ Psychological/Psychiatric
Disability

☐ Other (Medical/Health) _____

☐ ADD/ADHD

☐ Deaf/Hard of Hearing

☐ Speech Impairment

☐ Learning Disability

☐ Visual Impairment

☐ Mobility

(Blind/Partial Sight)

EDUCATIONAL HISTORY

Please describe any support services or devices you have used in previous academic settings: _____

Have you experienced difficulty in any of the following academic areas? (Check all that apply.)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Study skills | <input type="checkbox"/> Completing assignments on time |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Reading rate | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Math | <input type="checkbox"/> Comprehending concepts | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Taking tests | <input type="checkbox"/> Retaining information | <input type="checkbox"/> Other (specify) _____ |

How did you learn about our services?

Rehabilitation Agency (0002)

High School (0006)

Self (0009)

Another Student (0003)

Literature (0007)

Website (0010)

College Instructor (0004)

Parent (0008)

Other (0011) _____

Information contained within the file will be kept confidential and will not be shared with anyone outside NOVA without your expressed authorization. The college requires that this form and appropriate documentation of disability be submitted four weeks prior to receiving approved accommodations. Once documentation is received and approved, student is to schedule an appointment with a Disability Services Counselor on their campus to discuss accommodations, procedures, and policies.

STUDENT SIGNATURE: _____

DATE: _____

Disability Support Services: Consent for Release of Information

Name: _____
Last First Middle

NOVA Student #: _____ Date of Birth: _____
MM/DD/YY

Maiden name or other used: _____
Last First Middle

Campus of Record: AL _____ AN _____ LO _____ MA _____ MEC _____ WO _____

I, the undersigned, consent to and request all appropriate persons and/or agencies or institutions to release information regarding myself to Northern Virginia Community College for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with the Disability Support Services Office. I authorize the release of information to include one or more of the following medical records (please check all that apply):

- ☐ Medical Reports
- ☐ Learning Disability Assessment Reports
- ☐ Psychiatric Evaluation Results
- ☐ Vocational Rehabilitation Plan
- ☐ Audiology and Speech/Language Pathology Reports
- ☐ Other _____

I further give permission for the Disability Support Services Counselor(s) to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect until revoked in writing by the student or by _____, whichever comes first (not to exceed two years from the date signed).

Signature of Student

Date

Signature of Parent/Guardian
(Required for Student under 18 years of age)

Date

A PHOTOCOPY IS AS VALID AS THE ORIGINAL

Notice of Destruction of Outdated Disability-Related Records Policy

Northern Virginia Community College (NOVA) has adopted a policy that permits destruction of outdated disability-related records, including medical documentation provided by students to the college pursuant to a student's request for accommodation of a disability. When NOVA determines that it has been three or more years since a student either attended **NOVA** or received accommodations as a student with a disability from NOVA, the college may destroy any disability-related documentation that it has in its possession without providing further notice to students whose records are subject to destruction. NOVA will not be responsible for the replacement cost of any medical or disability-related documentation destroyed pursuant to this policy, or for any new documentation that may be required in order for a student to re-apply for accommodations. For this reason, students are encouraged to retain copies of their own medical records and disability-related records, and not to depend on the college maintaining such records.

Students who would like to have their disability-related records and medical documentation returned to them may contact the disability services counselor at the campus where their records are maintained and make arrangements to pick up their records prior to destruction of such records.

Due to the expense involved, NOVA is unable to mail records. If a student designates a third-party to pick up records, a letter signed by the student of record giving NOVA permission to release the records must be received by the custodian of the records before records will be released to a third-party.

NOVA emphasizes that the only documents that are subject to destruction under this policy are disability-related records maintained by the disability services counselors at the campuses. Other records associated with a student's academic, student discipline, and financial history at Northern Virginia Community College are not affected by this policy. Notice of this policy will be provided to students via electronic mail and by posting in NOVA publications. Students who have any questions about this policy or their disability-related records should contact a disability services counselor.

Student's Printed Name

Student ID Number

Student's Signature

Date



Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)

- ☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ☐ Yes, I would like to apply to register to vote. (please fill out the voter registration application form)
- ☐ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with:

**Secretary of the Virginia State Board of Elections
Washington Building
1100 Bank Street
Richmond, VA 23219-3497
(804) 864-8901**

Applicant Name

Signature

Date

for agency use only

Voter Registration form completed: ☐ Yes ☐ No

Voter Registration form given to applicant for later mailing (at applicant's request): ☐

Agency Staff Signature

Date

Disability Support Services – Student Responsibilities

Students requesting accommodations are responsible for taking the following actions when applicable:

- Provide a current copy of your MOA to:
 - Each professor/instructor
 - Testing Center (if applicable, approved proctor, or ProctorU liaison at ELI)
 - Tutoring/Learning Resource Center
- When utilizing testing accommodations, please make this request through your professor/instructor no later than **seven (7) days** in advance of your test/exam/quiz.
- If you wish to use a private room, minimal distraction area or a sound proof booth, contact the Testing Center **at least seven (7) days** in advance to reserve your space. (Note: This is not available at all campuses)
- If you qualify for a reader/scribe and need one for an examination, please make arrangements with a campus DSS Counselor **at least fourteen (14) days** prior to your exam date.
- If you are requesting alternative media/text for your exams, please make this request with a campus DSS Counselor **at least fourteen (14) days** prior to your exam date.
- If you would like to request alternative textbooks please make this request with a campus DSS Counselor **6-8 weeks** in advance.
- If you require specific software, please make the request to your DSS Counselor 6-8 weeks in advance.
- If at any time during the semester you or your professors/instructors have questions or concerns regarding your accommodations, please contact your DSS Counselor.
 - Deaf and hard of hearing students or your professor may contact the Interpreter Services Office with questions or to request assistance.
- Be sure to request an updated copy of your MOA prior to **each** semester. You can do this by emailing your DSS Counselor. You must have an updated copy for every semester you are taking classes at NOVA.
 - Deaf and hard of hearing students may contact the Interpreter Services Office for an updated MOA.
- Students needing assistance during an emergency should develop a personal emergency evacuation plan. Please discuss this with your DSS Counselor if you need assistance. In addition, students are encouraged to advise their classroom instructors of any plan.

I have reviewed the above information with my Disability Support Services Counselor and I understand my responsibilities as a student requesting accommodations.

Student Name (Print): _____ ID #: _____

Student Signature: _____ Date: _____

DSS Counselor Signature: _____ Date: _____