



# Brightwood College

## POLICY REGARDING ACCOMMODATIONS FOR DISABLED STUDENTS

### INTRODUCTION

Brightwood Career Institute is an institution with a diverse population of students. We pride ourselves on our compliance with applicable standards for meeting the needs of students with disabilities. Pursuant to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504), the College provides equal opportunity for qualified persons with disabilities. As appropriate, the College will make reasonable accommodations to offer persons with disabilities the opportunity to participate fully in its programs, activities and services.

### WHAT IS A “REASONABLE ACCOMMODATION?”

A reasonable accommodation is an adjustment that allows a student with a disability to participate fully in the College educational experience.

### PROCEDURES FOR REQUESTING ACCOMMODATIONS

Accommodations must be formally requested by the student in writing. ***All requests should be made to the Dean who may refer the matter to the appropriate Program Director, Faculty Advisor, or instructor.***

Students are encouraged to provide the College with prompt notice of their needs to allow time for an interactive process to take place between the student and College.

To request an accommodation, a student must complete and submit the attached Accommodation Request Form, along with supporting documentation from his or her licensed health care professional. That documentation should be current (no more than three years old) and must include:

1. A diagnosis of the disability and any accompanying testing results;
2. A detailed description of the specific impairment, limitations, functional need, and the medical justification for such need;
3. A recommendation for the type and duration of the accommodation(s) needed; and
4. The professional credentials (specialty; licensure, etc.), contact information, and signature of the health care provider.

Again, accommodations are provided through an interactive process, which is meant to be informal and aimed at identifying the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations. Depending on the case and the documentation presented, an evaluation by a health professional designated by College may be necessary.



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Upon receiving and reviewing the student's supporting documentation, the interactive process may continue or a decision may be made on the request. The College, may on its own, obtain a professional determination of whether requested auxiliary aids are necessary and, if so, what kind. The College may also require an independent medical examination by a healthcare provider of its choosing to assist it in determining the appropriate response to a request for accommodation.





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## ACCOMMODATION REQUEST FORM

PART I: PLEASE TYPE (ATTACH ADDITIONAL SHEETS AS NECESSARY)

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_; Expected Graduation Date (Month/Year): \_\_\_\_/\_\_\_\_

1) Brief description of disability, including date of onset:

2) Specific accommodation(s) requested:

3) Treating physician's name: \_\_\_\_\_

4) Please attach documentation from your treating physician or other licensed healthcare professional in support of your accommodation request. The documentation should be current (no more than three years old) and must include:

- a diagnosis of the disability and any accompanying testing results;
- a detailed description of the specific impairment, limitations, functional need, and the medical justification for such need;
- a recommendation for the type and duration of the accommodation(s) needed; and
- the professional credentials (specialty; licensure, etc.) and signature of the healthcare provider.

## PART II: STUDENT SIGNATURE

I certify that the information provided on this form (and any attachments or supplements) is true and correct to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_