

**CHESTNUT HILL COLLEGE  
DISABILITY RESOURCE CENTER  
Disability Disclosure Document  
Intake Information Form**



Chestnut Hill College is committed to ensuring that all qualified students with disabilities are provided reasonable accommodations, auxiliary aids, and services in order to ensure access to programs and services. Students with disabilities who request accommodations, auxiliary aids, and services are encouraged to identify these needs to the **Disability Resource Center** as soon as their application to the College has been accepted. Submission of current, detailed documentation of the student's disability with this completed **Disability Disclosure Document/Intake Information Form** is required in order to process requests. **Please note that approval of your request is not automatic and that you will be notified of a decision by the Disabilities Committee based on your documentation and in compliance with applicable Policies and Procedures.**

**Please also note that** prior IDEA classification with an IEP or a 504 Accommodation Plan does not guarantee that a student will be eligible for accommodations, auxiliary aids, and services at Chestnut Hill College. The criteria for eligibility at post secondary institutions are different than those used for eligibility determination in K-12 areas. Under the ADA 1990 and the newly revised ADA 2008, a disability is defined as "a physical or mental impairment that substantially limits one or more major life activities, or having a record of such an impairment, or being regarded as having such an impairment." Disability documentation submitted to obtain accommodations, auxiliary aids, and services at the post secondary level must identify the disability, provide evidence of the disability's impact on the major life activity, and suggest recommendations for accommodations.

**Please check the appropriate category:**

Chestnut Hill Student  Incoming Student  Transfer Student

If transfer student, Name of School from which you are transferring: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Doctoral  Graduate  Cont. & Professional Studies  Undergraduate

**Please complete the following information to the best of your ability:**

Name: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If you are currently attending Chestnut Hill College, please provide this additional information:**

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School E-mail: \_\_\_\_\_ Class: \_\_\_\_\_

Major: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Fulltime Student:  Part time Student:

**Check all disabilities for which you have been diagnosed and for which current, supporting documentation can be provided:**

- |                       |       |   |       |
|-----------------------|-------|---|-------|
| Autism                | _____ | Other Health Impairment                         | _____ |
| Blindness             | _____ | ADD/ADHD  | _____ |
| Chronic Condition     | _____ | Medical Problems                                | _____ |
| Deafness              | _____ | Psychiatric/Behavioral/Mental Health Impairment | _____ |
| Hearing Impairment    | _____ | (Emotional Disturbance)                         | _____ |
| Mobility Impairment   | _____ | Specific Learning Disability                    | _____ |
| Orthopedic Impairment | _____ | Speech/Language Impairment                      | _____ |
|                       |       | Traumatic Brain Injury                          | _____ |
|                       |       | Visual Impairment                               | _____ |

Other \_\_\_\_\_

Comments: \_\_\_\_\_

It is the responsibility of the individual seeking accommodations to provide adequate disability documentation before accommodations are approved and implemented. Any cost of obtaining this documentation is the student's responsibility. Please see the Chestnut Hill College Disability Services website for forms offering an explanation of the required documentation that is needed. These forms can be printed out and given to your certifying professional.

Current Impact Statement — Please describe how the diagnosed condition is currently impacting and substantially limiting your educational performance:

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What medical or educational interventions have you tried in the past 1–2 years to manage the diagnosed condition?

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Have you ever received accommodations, auxiliary aids, and services? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, where? \_\_\_\_\_

What accommodations have you received in the last three years which you are now requesting from the College? (Check all that apply). Current Documentation must be provided for any that you check.

**Classroom Accommodations:**

Record Lectures _____	Note Taker Services _____
Interpreter/CART/C Print _____	FM Systems _____
Preferential/Specialized Seating _____	CCTV/Captioned Materials _____
Other _____	

**Testing Accommodations:**

Extended Testing Time _____	Distraction Reduced Environment _____
Oral Test _____	Reader/Scribe _____
Computer Use for Essays _____	Large Print _____
Recorded/Auditory Testing _____	Specialized Furniture/Devices _____
Other _____	

**Assistive Technology:**

Textbooks in Alternate Format _____	Specialized Software (Please List) _____
Specialized Hardware & Devices _____	
Other _____	

In which courses do you wish to use the above checked accommodations:

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In providing this information to the Chestnut Hill College Disabilities Resource Center, I acknowledge the disclosure of my disability (ies) for which I am currently seeking accommodations, auxiliary aids, and services. I understand that it is my responsibility to report any problems/concerns about my disability accommodations in order to resolve these problems/concerns in a timely manner.

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

\_\_\_\_\_  
Parent/Guardian's Signature if Student is Under 18 Years of Age Date

## Procedures for Determining Eligibility for Accommodations at the College Level

Students with disabilities requesting accommodations and services at Chestnut Hill College must complete an application process and be approved prior to the development of an accommodation plan. This multi-faceted process and approval includes the student's self-disclosure and, when appropriate, a personal interview, the timely submission of detailed documentation of the disability which must provide medical or other pertinent certification of the student's condition and its impact upon the student, contact with individuals, agencies, schools, or institutions who have documented information related to the disability, and the determination of disability status in accordance with the Americans with Disabilities Act of 1990 and its Amendments of 2008 (ADAAA), Section 504 of the Rehabilitation Act of 1973, and the standards of Chestnut Hill College.

### Statement of Confidentiality

The Disabilities Resource Center at Chestnut Hill College is strongly committed to protecting the confidentiality of students with disabilities as required or permitted by law. Any information obtained by Chestnut Hill College related to a student's disability is confidential and is only shared with designated administrative personnel, instructors, and staff who have a legitimate educational interest and/or after the student's signed permission has been obtained.

### Permission to Release/Exchange Information

I give my permission for the mutual exchange and discussion of information regarding my disability and related academic, medical, psychological, and psychiatric records between members of the Chestnut Hill College Committee on Disabilities and, where relevant, my Advisor, the Student Health Center, the Counseling Center, or Chestnut Hill College administrative personnel, instructors, and staff, as may be needed in order to evaluate the existence of a disability and/or the accommodations necessary to address the disability. I further give consent for any accommodations provided to me by the Chestnut Hill College Committee on Disabilities to be shared with the Chestnut Hill College professionals who have a role in implementing the accommodations. This includes, but is not limited to, my professors, Department Chairs and/or Program Coordinators.

I understand that all information released and discussed will be utilized for the benefit of my academic program at Chestnut Hill College and for the purpose of preparing/providing the reasonable accommodations, auxiliary aids, and services for which I may be eligible. I understand I may rescind or amend this *Release* at any time which, unless stipulated differently, will remain in effect while I am a student at Chestnut Hill College.

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Student's Signature

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Date

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Parent/Guardian Signature if Student is Under 18 Years of Age

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Date

Please send current, relevant documentation of your disability and this completed document to the following address:

Kristin Tracy, M.A., M.Ed., CRC  
Director of the Disability Resource Center  
240 St. Joseph Hall  
Chestnut Hill College  
9601 Germantown Avenue  
Philadelphia, PA 19118  
Tracyk@chc.edu  
Phone: 215-753-3655  
Fax: 215-242-7748

Date Received in the Disability Resource Center: \_\_\_\_\_

Rev: 10/19/16