



SERVICES TO STUDENTS WITH DISABILITIES

Dear Student:

If you are participating in the Coyote First Step Program in math or English at Cal State San Bernardino (CSUSB) and have a disability, please follow the steps below to request disability accommodations and services:

1. Submit disability documentation to Services to Students with Disabilities (SSD) in person (University Hall, Room 183), via email (ssd@csusb.edu), fax (909-537-7090) or mail to:

Services to Students with Disabilities
California State University, San Bernardino
5500 University Parkway, UH-183
San Bernardino, CA 92407

For information about Services to Students with Disabilities' documentation guidelines, please go to <http://ssd.csusb.edu/policiesProcedures/documentation.html>.

2. Include your full name, Coyote ID# (if you have one), a daytime phone number or email address. Include that you are applying for services for the Coyote First Step Program.
3. Submit disability documentation and your contact information to SSD at least 15 working days in advance of the first day of the Coyote First Step Program.
4. SSD will review your request, make arrangements for accommodations and services, and contact you.
5. For questions, please contact SSD at 909-537-5238 or at ssd@csusb.edu.

Please be advised that this process is for the Coyote First Step Program only and does not establish eligibility or ensure services and accommodations as a regularly attending CSUSB student. If you will take other classes at CSUSB in the summer or fall, you will need to apply for disability services as a regularly attending CSUSB student. You may go to <http://ssd.csusb.edu/policiesProcedures/receivingServices.html> for an application and more information.

Sincerely,

Services to Students with Disabilities
California State University, San Bernardino
909-537-5238
ssd@csusb.edu

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393



5500 University Parkway
University Hall, Room 183
San Bernardino, CA 92407
(909) 537-5238 Voice (909) 537-7230 TTY (909) 537-7090 Fax
E-mail: ssd@csusb.edu Web: <http://ssd.csusb.edu>

Coyote First Step

Application for Services

This office provides academic support services to students with temporary or permanent disabilities. Both prospective and current CSUSB Coyote First Step students are encouraged to contact Services to Students with Disabilities (SSD) early in their educational program.

- Step 1** Complete the Student Information Form
- Step 2** Provide documentation of disability
- Step 3** Meet with the appropriate SSD staff member

Attached: Student Information Form
Documentation of Disability Guidelines
Documentation Guidelines for Learning Disabilities
Disability Verification Form
Department of Rehabilitation Form

California State University, San Bernardino
Services to Students with Disabilities
STUDENT INFORMATION FORM

TO BE COMPLETED BY STUDENT

IMPORTANT: Students are responsible for providing the Services to Students with Disabilities (SSD) Office with documentation verifying their disability. SSD Staff will review documentation to determine eligibility for program participation. Filling out this form does not guarantee eligibility.

I. GENERAL INFORMATION

Last Name: _____ First Name: _____ M.I. ____

Coyote ID: _____ Date of Birth: _____

CSUSB Email: _____ @coyote.csusb.edu

Street Address: _____

P.O. Box: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Circle One: Home Work Cell

Phone Number: (____) _____ Circle One: Home Work Cell

II. CATEGORY OF DISABILITY (Check all that apply)

- Cognitive _____
- Hearing _____
- Learning _____
- Physical _____
- Psychological _____
- Speech _____
- Visual _____
- Other _____

Office Use Only

Received

Disability Status: Temporary Permanent

III. SCHOOL INFORMATION

Last School Attended: _____

Dates of Attendance: _____

IV. CSUSB INFORMATION

1st Quarter of Attendance at CSUSB: _____

Major: _____

Expected Graduation Date: _____ Degree: _____

Career Goal: _____

V. EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship to Student: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If under 18 years of age)

California State University, San Bernardino
SERVICES TO STUDENTS WITH DISABILITIES

DOCUMENTATION OF DISABILITIES

The following guidelines are to be used to verify and describe your patient's disabling conditions. Please be clear as to how these conditions constitute "an impairment which substantially limits one or more major life activities." Detail the impact on your patient's ability to function as a CSUSB student without specific accommodation of his/her disability.

Functional Impairment: Provide a current diagnosis and description of related functional limitations resulting from your patient's disabling condition.

Hearing Impairment: Provide a copy of your patient's most recent audiogram, along with detailed diagnosis and description of disability.

Mobility Impairment: Provide a current diagnosis and description of related functional limitations resulting from your patient's disabling condition.

Psychological Disability: Provide complete DSM-IV/V diagnosis, summary of evaluation results and any additional psychological and/or neurological testing results. Past and present symptoms should be stated clearly.

Visual Impairment: Provide documentation of your patient's most recent visual acuity and/or visual field examination results, along with a detailed diagnosis and description of disability.

Learning Disability: See separate form.

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
Services to Students with Disabilities

University Hall 183, 5500 University Parkway
San Bernardino, CA 92407

909-537-5238 Voice ~ 909-537-7230 TTY ~ 909-537-7090 Fax

Email: ssd@csusb.edu ~ Web: <http://ssd.csusb.edu>

Documentation Guidelines for Learning Disabilities

To participate in the assessment process, students must present appropriate documentation of their disability. Test instruments used must have been normed on an adult population.

1. The evaluation must be performed by a professional whose education, training and experience render that person qualified to diagnose learning disabilities in adults. Examples of such professionals include the following:
 - A. Licensed Educational Psychologist
 - B. Licensed Clinical Psychologist
 - C. School Psychologist
 - D. Learning Disability Specialist
 - E. Neuropsychologist

2. The documentation must be representative of the student's current level of functioning as it pertains to the academic environment and must include all of the following:
 - A. The name, title, license, certification or credential information of the evaluator (The diagnostician should not be a family member)
 - B. Date of assessment
 - C. Summary of procedures and assessment instruments used
 - D. Summary of test results including all behavioral observations, standard scores for all subtest, composite, and index standard scores compared to same age peers
 - E. Summary of relevant history
 - F. Statement of severity
 - G. Statement of impact on the student's academic performance
 - H. Recommendations for academic adjustments and accommodations to minimize the impact of the learning disability on the student's performance
 - I. Narrative reporting including a clear statement of the presence of a processing disorder or learning disability, discussion of possible alternative explanations for results, a statement of strengths and functional limitations, and suggestions for reasonable accommodations which must be directly linked to the stated limitations and supported by standard scores

3. Documentation must include at least one each from A and B:
 - A. Tests of aptitude/cognitive ability such as:
 - 1) *Wechsler Adult Intelligence Scale-III* (WAIS-IV)
 - 2) *Woodcock-Johnson Psycho-Educational Battery-III* (WJ-III)- Cognitive Battery (preferred)

- 3) *Stanford-Binet Intelligence Scale-V*
- 4) *Kaufman Adolescent & Adult Intelligence Test*

B. Tests of achievement such as:

- 1) *Woodcock-Johnson Psycho-Educational Battery-III (WJ-III)- Achievement Battery*
- 2) *Wechsler Individual Achievement Test-II or III*

Optional: Specific subject area achievement tests achievement tests can be administered in addition to those above to clarify individual strengths and weaknesses when the results are interpreted within the context of other diagnostic information. These tests include:

- a) *Nelson-Denny Reading Skills Test*
- b) *Stanford Diagnostic Mathematics Test*
- c) *Stanford Test of Academic Skills*
- d) *Scholastic Abilities Test for Adults*
- e) *Test of Written Language-III (TWOL-3)*
- f) *Woodcock Reading Mastery Tests Revised*

Note: The *Slosson Intelligence Test*, the *Kaufman Brief Intelligence Test*, the *Wide Range Achievement Tests*, and the *Nelson-Denny Reading Tests* are not considered to be comprehensive measures and thus are not adequate if used as the sole measure.

4. Special assessment requirements for a **mathematics** disorder minimally must include the following:
 - A. WJ-III Cognitive Tests: 1,3,4,5,6,7,9,11,15,16,17
 - B. WAIS-IV Tests: VCI + PRI + GAI + MR + VP + FW + ARI + BD + PC
5. Special assessment requirements for a **reading** disorder minimally must include the following:
 - A. WJ-III Cognitive Tests: 1,6,7,9,11,16,17
 - B. WAIS-IV Tests: VCI + PRI + GAI + Sim + Voc + Comp + Inf + Ari
6. **Information processing** acceptable instruments include:
 - A. *Detroit Tests of Learning Aptitude- Adult (DTLA-A)*
 - B. *Woodcock-Johnson Psycho-Educational Battery-III (WJ-III)- Cognitive*
 - C. *Bender Gestalt Visual Motor Test*
 - D. *WAIS-IV FSIQ + PSI + Cancel + FW + VP + PC + Cd + SS*

These Documentation Guidelines for Learning Disabilities are taken from the Guidelines of a Learning Disability in Adolescents and Adults established by the Association on Higher Education and Disability (AHEAD www.ahead.org) and from the Policy Statement for Documentation of a Learning Disability in Adolescents and Adults established by the Educational Testing Service (www.ets.org/distest/ldpolicy).

Disability Verification Request
Services to Students with Disabilities
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Student Name: _____ DOB#: _____

This form is to be completed in full by a licensed professional.

Diagnoses (Including ICD/DSM-IV codes):

Date:

1. _____
2. _____
3. _____

Severity: Mild Moderate Severe Partial remission Residual state

Condition: Permanent Temporary until _____ **Date of last visit:** _____

List current medications:

Medication	Dosage	Frequency	Patient Reported Side Effects

Describe how the disability limits major life activities:

State the impact and specific functional limitations relating to academic performance:

Signature of Licensed Professional

Date of Verification

Print Name/Title

License Number

Address

Phone Number

Received



WorkAbility IV

DEPARTMENT OF REHABILITATION INFORMATION

WorkAbility IV (WA-IV) is an interagency program between the California State University, San Bernardino (CSUSB) and the California State Department of Rehabilitation (DOR). The WA-IV Program is designed to create career options and opportunities for students with disabilities who are supported by DOR and complete their degrees at CSUSB.

There are **two requirements** for participation in WA-IV:

- (1) You are enrolled at CSUSB, and
- (2) You receive services from DOR.

Are you a client of the California State Department of Rehabilitation?

 Yes No

If **yes**, are you interested in finding out more about WorkAbility IV?

 Yes No

Name: _____ SID #: _____

Address: _____

Phone Number: _____ CSUSB Email Address: _____

Your DOR Counselor's Name: _____

Your DOR Counselor's Office Location: _____

Your Signature and Date: _____