

FLORIDA
POLYTECHNIC
UNIVERSITY

Dear Student,

Welcome to the Office of Disability Services (ODS)! We look forward to assisting you. ODS recognizes disability as an aspect of diversity that is integral to society and our campus community. Accessibility is an essential feature of the Florida Poly campus, and we strive to create an inclusive community for our students.

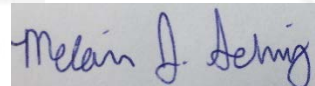
In this packet you will find information relating to requesting and using accommodations. To begin the accommodation process, read “Requesting Disability Services Checklist and Instructions” located after this welcome letter and gather all required documents. Once you have all of the required documents, follow the instructions to submit the required documents to the ODS.

You can begin using your accommodations after you receive an approval letter. In this packet you will find information on how to use testing, notetaker, and scribe accommodations. There is also a “Permission to Record Class Lectures Agreement” that must be completed in order to use a recording accommodation.

In order to ensure your accommodations are in place for the start of the semester, we recommend that you request accommodations at least three (3) weeks prior to the start of the semester.

We look forward to working with you as you succeed here at Florida Poly! Please feel free to contact the ODS if you have any questions or need any assistance. The ODS can be reached at disabilityservices@flpoly.org or 863-874-8489.

Sincerely,



Melaine Schmitz, Assoc. Dir. Student Engagement & Asst. General Counsel

Requesting Disability Services Checklist and Instructions

Documentation:

- Required: Completed request form for disability services.
 - This should be filled out by the student.
 - This form is available on the University's website at <https://floridapolytechnic.org/wellness/health-clinic/disability-services/>
- Required: Documentation from a licensed professional regarding the student's disability.
 - Please refer to the General Guidelines for Documenting Disabilities.
 - This documentation should be on official letterhead.
 - The documentation must be relevant. For example, a diagnosis of a disorder that does not change can be supported by older documentation. A diagnosis of a disorder that changes over time may need to be supported by recent documentation.
 - These guidelines are available on the University's website at <https://floridapolytechnic.org/wellness/health-clinic/disability-services/>
- Required: National Voter Registration Act Preference Form/Application.
- Optional: Any supporting documentation that may be helpful in determining accommodations such as an IEP or 504 plan.
 - Please note that these cannot be used as primary documentation; they are supporting documentation only.
- Optional: A Release of Confidential Information form (FERPA waiver) grants the ODS permission to talk to individuals like the student's parents or doctor.
 - This form is available on the University's website at <https://floridapolytechnic.org/wellness/health-clinic/disability-services/>

Instructions:

1. Submit the necessary documentation to the Office of Disability Services (ODS). The ODS can be reached at 863.874.8489 or disabilityservices@flpoly.org.
2. If your request for accommodations is granted, the ODS writes a letter describing the student's accommodations.
3. The student is emailed that the accommodation letter is ready to be picked up.
4. If the request is denied, the ODS emails the student the decision and explanation as to why the request was denied and the appeal process.
5. The student gives the letter to his/her professors or any other University employee that needs the accommodation letter to be able to provide accommodations.

For more information, please see FPU-3.0041AP Student Requests for Disability Services available at <https://floridapolytechnic.org/wp-content/uploads/FPU-3.0041AP-Student-Requests-for-Disability-Services-10.23.15a.pdf> or the Disability Services website at <https://floridapolytechnic.org/wellness/health-clinic/disability-services/>

Request Form for Disability Services

Please note this form should only be filled out by students (unless under age 18). While parents or guardians may assist them, students should not have anyone else (including healthcare providers) complete this form on their behalf. Separate medical documentation from a licensed professional is required as supplemental material.

Student's Name: _____ DOB: _____

Voluntary Demographic Data:

Gender: _____

Ethnicity: _____

Age: _____ Military Status: _____ Veteran: ____ yes ____ no

Telephone Number: _____ Okay to leave msg? _____

Personal Email Address: _____ Okay to contact? _____

University Email Address: _____ Student ID # _____

Diagnostic statement (including DSM/ICD diagnosis):

Description of the academic impact of the disability/disorder in the school setting:

Date of onset of diagnosis/disability and date of most recent evaluation:

Name of diagnostician, credentials, and licensure:

Treatment, medications, and assistive devices/services currently prescribed or in use:

Description of the functional impact of the disability/disorder on the student's life and at home:

Expected progression or stability of the impact of the disability (and if temporary, how long?):

History of accommodations (if applicable):

Specific requested accommodations:

General Guidelines for Documenting Disabilities

Documentation is requested in order to provide information regarding accommodations and services that may be appropriate and reasonable in the context of the academic and student service environment. Below are the documentation requirements for the specific areas of disability. All documentation must be current and provided by a licensed professional. Please note that while Individualized Education Plans (IEP) and 504 plans can be helpful in determining accommodations, they cannot be used as primary documentation.

As appropriate to the disability, basic documentation should include but is not limited to:

- 1. Diagnostic statement identifying the disability, date of the current diagnostic evaluation, and the date of the original diagnosis.** The diagnostic systems suggested in the recent editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.
- 2. Diagnostic criteria and/or diagnostic test used.** This description should include the specific results of diagnostic procedures, diagnostic tests utilized, and when it was administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process.
- 3. Description of the current functional impact of the disability.** The current functional impact on physical, perceptual, cognitive, mental, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures. Currency will be evaluated based on the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and how the information apply to the current situation of the request for accommodations.
- 4. Description of current treatments, medications, assistive devices/services.** A history of treatments, medications, assistive devices, accommodations and/or assistive services to include statements about the effectiveness in minimizing the impact of the disability. Significant and potential side effects that may impact physical, perceptual, mental, behavioral or cognitive performance should also be noted.
- 5. Description of the expected progression or stability of the impact of the disability over time.** This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations for reevaluation.

6. Recommendations for accommodations. Depending on the impact of the condition on the individual, the statement should include suggestions or recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services that can help to provide full access. As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included. Recommendations from professionals with a history of working with the individual provide valuable information for the review process. They will be included in the evaluation of requests for accommodation. When recommendations go beyond services that are or can be provided by the University, they may be used for referrals to services outside of Florida Polytechnic University.

7. Credentials of the diagnosing professional(s). Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided. It is important to have the documentation on an official letterhead.

For specific disabilities, documentation should additionally include at least the following information (although more may be requested):

ADD/ADHD

- Diagnosis and criteria/testing materials used to diagnose
- Information on how current symptoms interfere with academic achievement
- Recommendations for accommodations

Blind/Low Vision

- Visual Acuity Report
- Doctor's letter of explanation
- Recommendations for accommodations

Deaf/Hard of Hearing

- Audiogram
- Doctor's letter of explanation
- Recommendations for accommodations

Learning Disability

- Comprehensive Assessment Battery which includes: Aptitude, Achievement, Information of Processing, Social-Emotional, and Clinical Summary
- Recommendations for accommodations

Medical/Physical Disability

- Diagnosis
- Information on how current symptoms interfere with academic achievement
- Documentation of any temporary medical issues must also include expected time frame of needed accommodations
- Recommendations for accommodations

Psychological Disability

- Diagnosis and treatment overview/summary
- Information on how current symptoms interfere with academic achievement
- Recommendations for accommodations

NATIONAL VOTER REGISTRATION ACT

Preference Form/Application

Client's preference (check the box only in 1. or 2.)

If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.

1. If you are not registered to vote where you live now, would you like to **apply** to register to vote today?

Yes No, I decline.

2. If you are registered to vote where you live now, would you like to **update** your voter registration record?

Yes No, I decline.

CLIENT: _____
Name or identification number Date

OFFICIAL USE ONLY (check all that apply)

[Note: Only a client who is eligible can decline or accept an opportunity to register or update a record on his or her behalf]

1. Client applied for: New services/assistance
 Renewal of services/assistance Address change

2. How client applied: In person By phone
 At home Online/web service

3. Client: Submitted registration application.
 Was sent form/application on ___/___/___(date).
 Did not complete application/took form/application.

Preference form must be retained by agency for two years from dated form (DS-DE 77-ENG; rev. 11-2011)

=====Notice of Rights=====

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

Benefits: If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

Privacy: Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

Formal Complaint: If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml> or call 1-850-245-6200.

[Authority: National Voter Registration Act (42 U.S.C. 1973gg); sections 97.023, 97.058, and 97.0585, F.S.]

To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until you are 18 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote.

If you do not meet these requirements, you are not eligible to register.

You Can Register to Vote at:

- Any Supervisor of Elections' office
- Any driver's license office or tax collector's office that issues driver's licenses
- Any voter registration agency (that is, any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library)
- The Division of Elections (Florida Department of State)

You Can Hand-in or Mail a Completed Application to Any of the Locations Listed Above

If mailing, mail with sufficient postage to:

Division of Elections
R.A. Gray Building
500 S. Bronough Street
Tallahassee, Florida 32399-0250

(contact information: 850-245-6200; <http://election.dos.state.fl.us>)

Your Supervisor of Elections will contact you if your application is incomplete, denied, or a duplicate.
Once you are registered, you will receive a voter information card.

*****Turn Page Over for Registration Application*****



Application to Register in Florida

Part 1 - Instructions

To Register in Florida, you must: Be a U.S. citizen, be a Florida resident and at least 18 years old (you may also pre-register if you are 16 or 17 years old but you cannot vote until you are 18).

If you have ever been convicted of a felony or if a court has ever found you to be mentally incapacitated as to your right to vote, your right to vote has to be restored before you can register.

If you do not meet any one of these requirements, you are not eligible to register.

Where to Register: You can register to vote in-person or by mailing or hand-delivering your application to any supervisor of elections' office, any office that issues driver's licenses, a ny voter registration agency (for example, any public assistance office, assisted living facility, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. *If mailing application, be sure to add sufficient postage.*

Deadline to Register: The deadline to register to vote is 29 days before an upcoming election. You can update your registration record at any time, but to change your political party for a primary election, you must make the change by the registration deadline. For a new application, you will be contacted if your application is incomplete, denied or a duplicate of an existing registration. If you receive a voter information card, that means you are registered to vote.

Identification (ID) Requirements: If you are a new applicant, state and federal law require you to provide a current and valid Florida driver's license number (FL DL#) or Florida identification card number (FL ID#). If you have not been issued a FL DL# or FL ID#, you must then provide the last four digits of your Social Security Number (SSN). If you have not been issued any of these ID numbers, check "None" on the application. If you do not provide any number or do not check "None," your registration may be denied. See s.303, HAVA and section 97.053(6), Fla. Stat.

Special ID requirements: If you are registering by mail, have never voted in Florida, and have never been issued one of the ID numbers above, you must include with your application, or at a later time before you vote, one of the following:

- A copy of an ID that shows your name and photo (*acceptable IDs*)--U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, or public assistance ID; or
- A copy of an ID that shows your name and current residence address (*acceptable documents*)--utility bill, bank statement, government check, paycheck, or other government document.

You do not have to provide the special ID to register if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a family member thereof, or are currently living outside the U.S. but eligible to vote in Florida.

Political Party Affiliation: Florida is a closed primary election state. That means voters registered with a political party can only vote for that party's candidates in a partisan race on a primary election ballot. However, regardless of the political party with which you registered, you can still vote in the primary election on any issue, any nonpartisan race or any race where the candidate will face no opposition in the general election.

Indicate the political party with which you wish to be registered. If you leave the political party affiliation box blank or write "None," you will be registered without any party affiliation. For a list of political parties registered in Florida, go to the Division of Elections' website under the heading *For the Voters* at: <http://election.dos.state.fl.us/>

Race/Ethnicity: You are not required to list your race or ethnicity. However, if you choose to do so, please choose only one of the following: American Indian/Alaskan Native, Asian/Pacific Islander, Black (Not Hispanic) Hispanic, Multi-racial, White (Not Hispanic), or Other.

Public Record Notice: This application becomes a public record when filed. However, the following information is not available to the public and is used only for voter registration purposes: your FL DL#, FL ID# and SSN, where you registered to vote, and whether you declined to register or update your voter registration record when asked by a voter registration agency. Your signature can be viewed but not copied. (Section 97.0585, Fla. Stat.)

Criminal Offense: It is a 3rd degree felony to submit false information. Penalties include fines up to \$5,000 and/or up to 5 years of prison.

Questions: For more information, contact your local supervisor of elections, or refer to the Division of Elections' website at: <http://election.dos.state.fl.us>.

Información en español. Sirvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

Application To Register in Florida

Part 2 - Form (national mail-in application)

Are you a citizen of the United States of America? Will you be 18 years old on or before election day? If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)	This space for office use only.
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1	Last Name	First Name	Middle Name(s)
2	Home Address	Apt. or Lot #	City/Town State Zip Code
3	Address Where You Get Your Mail If Different From Above		City/Town State Zip Code
4	Date of Birth Month Day Year	5 Telephone Number (optional)	6 ID Number - (See Item 6 in the instructions for your state)
7	Choice of Party (see item 7 in the instructions for your State)	8 Race or Ethnic Group (see item 8 in the instructions for your State)	

9 I have reviewed my state's instructions and I swear/affirm that:

- I am a United States citizen
- I meet the eligibility requirements of my state and subscribe to any oath required.
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.

Please sign full name (or put mark) ▲

Date: / /
 Month Day Year

If this application is for a **change of name**, what was your name before you changed it?

A	Last Name	First Name	Middle Name(s)
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If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

■ Write in the names of the crossroads (or streets) nearest to where you live.
 ■ Draw an **X** to show where you live.
 ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.

C	Example Public School ●	Route #2	Grocery Store ● Woodchuck Road	X	NORTH ▲
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If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	Name, address and phone number
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Release of Confidential Information

Student's Name: _____ DOB: _____

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

For release of information not mentioned above, I authorize Florida Polytechnic University to release information concerning my disability to the individuals listed below. This consent shall remain in effect until my date of graduation from Florida Poly, unless it is withdrawn in writing by me. I understand that if I would like to withdraw or amend this authorization, I must submit a written request. The individuals authorized to receive my information include:

Student Signature: _____ Date: _____

Common Accommodations Definitions and Guidelines

- **Accommodations:** Modifications or adjustments to the tasks, environment, or to the way things are usually done that enable students with disabilities to have an equal opportunity to participate in an academic program.
 - In order to receive accommodations, a student with disabilities must complete the Request for Disability Services form, provide supporting documentation and any additional documentation needed, and be approved for accommodations by the Office of Disability Services.
- **Notetaker:** A Florida Poly student enrolled in the same course as the student with a disability who volunteers to take notes during the lectures and provides copies of these notes to the student needing the accommodation.
 - The student requesting the use of a notetaker is responsible for filling out a Notetaker or Scribe Request Form and submitting it to the Academic Success Center when note taking services are needed. This form should be submitted as soon as possible to ensure notetaker availability.
- **Scribe:** A Florida Poly student who writes or types verbatim what is dictated to him/her by the student with the disability during lectures attended by both the scribe and the student with the disability. The scribe is not responsible for scribing the student's homework or papers outside of lectures.
 - The student requesting the scribe is responsible for filling out a Notetaker or Scribe Request Form and submitting it to the Academic Success Center when note taking services are needed. This form should be submitted as soon as possible to ensure scribe availability.
- **Assistive Technology:** Products, equipment, and systems that enhance learning for students with disabilities. Assistive Technology must be checked out from the IT Helpdesk located in the Commons. Assistive Technology includes but is not limited to:
 - Tape recorder (Student must sign Recording Contract to record classes)
 - Speech recognition
 - Screen Magnification
 - Windows screen reader
 - Headsets
 - Scanning and Reading Appliance
 - Text to speech
- **Testing accommodations:** Changes to the regular testing environment and auxiliary aids and services that allow students with disabilities to demonstrate their aptitude or achievement level. Examples include:
 - Giving tests/quizzes in alternative formats (e.g., giving a written exam orally, or changing the way answers are recorded);
 - Extending the time allowed to equal double the amount allotted;
 - Permitting the use of a dictionary or spell checker (unless test is designed to measure spelling ability);
 - Permitting the use of a calculator or assistive technology;
 - Providing an alternative testing location; and/or
 - Repeating instructions.

- The student requesting the accommodation is responsible for informing his/her professor and the Academic Success Center when testing accommodations are needed.
- **Course substitutions and waivers:** A course may be substituted for another course or waived. Course substitutions and waivers are granted on a case by case basis and are not allowed if doing so would result in a fundamental alteration of a degree requirement.
 - The student requesting the course substitution and/or waiver must coordinate and receive approval through the Office of University Registrar.
- **Authorization for reduced course load:** Permits a student with a disability to register for a course load that is less than full-time, while still being considered a full-time student. Students must register for a minimum of nine (9) credits.
 - Requests for a reduced course load accommodation must be made prior to the end of the Drop/Add period as noted on the University's Academic Calendar. This deadline requirement may be waived in extenuating circumstances.
 - If the student is receiving any kind of financial aid, the student must contact the Office of Financial Aid to implement a reduced course load accommodation and discuss the ramifications of having a reduced course load.
 - The student must also contact an academic advisor to discuss the ramifications of a reduced course load on the student's course schedule.
 - Please refer to FPU-7.0027P Financial Aid Accommodations for Students Needing Reduced Course Loads available here: <https://floridapolytechnic.org/wp-content/uploads/FPU-7.0012P-Financial-Aid-Accommodations-for-Students-Needing-Reduced-Course-Loads-7.30.15.pdf> for additional information.
- **Priority Registration:** Allows a student to register for courses on the first day registration opens for the semester. This allows students with a disability the ability to access course information and develop a schedule that is suitable for their disability.
 - The student requesting the accommodation is responsible for contacting the Office of the University Registrar to implement priority registration.
- **Other accommodations** include, but are not limited to:
 - Written materials in alternative formats such as large print, Braille, computer diskette, or audiotope readers;
 - Extra time to complete assignments;
 - Ability to leave class for short periods of time with no penalty;
 - Access to the professor's teaching materials that are presented to the class (for example: PowerPoint presentations and handouts);
 - Reminders (paperclips or adhesive notes used to divide test into sections, more-frequent or less-frequent reminders of time left to test than required in the standard administration procedures, personal timer or clock set to remind a student to move on to the next question, page, or section or to remind a student to stop at pre-established times during the test, index cards that have handwritten or color-coded reminders to continue working)
 - Preferential seating; and
 - Ability to complete and/or submit assignments in alternative formats.

Please note this list is not exhaustive of all accommodations as accommodations are determined on a case by case basis and are specific to each student's needs. Students are responsible for ensuring the proper accommodations are in place.

Permission to Record Class Lectures Agreement

I understand that lectures and course materials, including Power Point presentations, tests, outlines, and similar materials may include copyrighted material, the use of which is governed by University policies, including FPU-5.001 Academic Freedom and Responsibility and FPU-5.005 Academic Integrity, and copyright laws.

I will not use the recordings for any purpose other than my individual learning and will not share them with, or distribute them to, anyone. I will not sell the recordings or profit financially from the recordings. I will not post or share any of the recorded material on the Internet.

I will manage the recording device in a way that does not disturb others or call attention to the fact that I am recording a lecture.

I will inform the instructor that I will be recording the class.

I understand that violation of the above policy may result in both legal sanctions for violations of copyright law, and may subject me to University disciplinary action under the Student Code of Conduct.

Student Signature _____ Date _____

How to Use Testing Accommodations

Testing accommodations are scheduled through the Academic Success Center. Once you have been granted a testing accommodation through the ODS, you can request to use your testing accommodations. To use your testing accommodation, follow the steps below:

1. Log in to the Pulse. You can access the Pulse by going to the University's website <https://floridapolytechnic.org/> and clicking on "PULSE" located at the top of the page. Your log in information is the same as your log in information for your University email account.
2. Hover your mouse over the Office of the Provost. A drop down menu will appear. Click on the Academic Success Center.
3. Under the "Quick Links" section on the Academic Success Center page, click on "ASC Test Request Form for Students".
4. Complete the "ASC Test Request Form for Students". This information is sent to the ASC.
5. The ASC will process your request and schedule your testing accommodations.

How to Use Notetaker/Scribe Accommodations

Notetaker and Scribe accommodations are set up through the Academic Success Center. Once you have been granted a Notetaker or Scribe accommodation through the ODS, you can request to use your Notetaker or Scribe accommodation. To set up your accommodation, follow the steps below:

1. Log in to the Pulse. You can access the Pulse by going to the University's website <https://floridapolytechnic.org/> and clicking on "PULSE" located at the top of the page. Your log in information is the same as your log in information for your University email account.
2. Hover your mouse over the Office of the Provost. A drop down menu will appear. Click on the Academic Success Center.
3. Under the "Quick Links" section on the Academic Success Center page, click on "Notetaker or Scribe Request Form".
4. Complete the "Notetaker or Scribe Request Form". This information is sent to the ASC.
5. The ASC will process your request and set up your Notetaker or Scribe accommodations.