

**Disability Services Office**  
**Andrew College**  
**501 College Street, Cuthbert, Georgia 39840**  
**(229) 732-5906**  
**disabilityservices@andrewcollege.edu**

### **Disability Services Request Checklist**

- Contact The Director of Disability Services to self-disclose your disability.
- Complete and return the Disability Services Request Form to the Office of Disability Services.
- Provide the appropriate documentation to support your request for reasonable accommodations to the Office of Disability Services.

### **Documentation Guidelines**

Appropriate documentation is a written report submitted by a qualified provider that clearly diagnoses and shows a history of a disability. Medical doctors, psychiatrist, psychologists, counselors, and school psychologists are among the professionals who routinely evaluate, diagnose, and treat disabilities. The following guidelines are provided in the interest of assuring that evaluation reports are appropriate to document eligibility.

Testing must be current/ within the past three years or after the student's eighteenth birthday. It is in the student's best interest to provide recent documentation to serve as the basis for decision-making about the student's need for accommodations. The Disability Services Office reserves the right to request an updated evaluation.

For learning disabilities and emotional or mental disorders, there must be clear, specific evidence and identification of a disability using the current DSM IV-TR criteria. For instance, "learning styles" does not constitute a learning disability.

Test scores/dates need to be included in order to substantiate eligibility.

Diagnostic reports must include the names, titles, and license number of the evaluators as well as the dates of the testing.

The Disability Services Office can make referrals to community evaluation resources. Andrew College does not pay for evaluation services nor is Andrew College bound to provide evaluation services for any student to determine eligibility.

For additional information about appropriate documentation, please refer to The Disability Documentation Guidelines for Andrew College, which are available in the Office of Disability Services.



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**Disability Services Request Form**

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, and Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Phone Number: \_\_\_\_\_

Documented Disability (ies): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Registered with Rehabilitation Services: (Circle one) Yes No

\_\_\_\_\_  
Name and Phone Number of Rehabilitation Counselor

Please list any academic accommodations or support services that you have received in the past. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any additional information that may assist in coordinating your reasonable accommodations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature : \_\_\_\_\_ Date: \_\_\_\_\_