



ADA Documentation Confirmation Form

The ADA defines a disability as “any mental or physical condition that substantially limits an individual’s ability to perform one or more major life activities” as compared with the average person in the general population. Major life activities include, but are not limited to, walking, seeing, hearing, speaking, breathing, performing manual tasks, concentrating, caring for one’s self, working, learning, and the operation of a major bodily function such as those of the immune system, respiratory system, etc.

The ADA requires an institution of higher education to provide accommodation to a qualified individual with a disability, provided that the accommodation does not create undue hardship. An undue hardship refers to any accommodation that would be unduly costly, substantially disruptive, or that would fundamentally alter the nature of the program.

Additionally, the Academy is required to abide by the provisions of Section 504 of the Rehabilitation Act of 1973 which protects otherwise qualified individuals from discrimination based on their disability. In order to be considered otherwise qualified, a student with a disability must be capable, either with or without accommodation, of fulfilling the essential requirements of the educational program.

Students with disabilities who wish to request reasonable accommodations (including academic adjustments, auxiliary aids, or modifications) must provide documentation of disability from an appropriate professional, which depends on the nature of the disability.

As a student of Aspen Beauty Academy-Laurel, I have been informed of my responsibilities under the American With Disabilities Act by the campus ADA Coordinator.

INITIAL _____

I confirm that I have been physically given a copy of the ADA Application for reasonable accommodation.

INITIAL _____

I agree that it is my responsibility to return the properly completed documentation to the ADA coordinator. I understand that I will then receive a confirmation email communication that it has been received and a time will be scheduled to meet to review the requests. Failure to turn in a properly completed ADA Request for Accommodation will result in Aspen Beauty Academy-Laurel not being able to comply with my request.

INITIAL _____

NAME (print): _____

SIGNATURE: _____ DATE: _____



Disability Verification Form

LETTER TO TREATING PROFESSIONAL

Dear Health Professional:

The patient named on the **Disability Verification Form** has requested that his or her disability be verified. This documentation is for the purpose of qualifying him or her as eligible for disability-related services and is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

Locate the eligible conditions and the authorized health professionals who may verify them and sign the Disability Verification Form on the attached Disability Definitions and Documentation, page 4.

INSTRUCTIONS:

1. Complete the Disability Verification Form Section "To be Completed by Licensed or Certified Professional.
2. Item 2 – At least one "major life activity" limitation must be checked in order for the student to be eligible.
3. The Disability Verification Form must be completed and signed by the health professional qualified to diagnose and treat the specific condition. (Refer to the attached Disability Definitions and Documentation.)
4. Please return the Disability Verification Form by mail, unless requested otherwise by the student. (Attach any medical, psychological, and/or educational documentation.)

Aspen Beauty Academy-Laurel
Attn: Maria Bouchard
3535 Laurel Fort Meade Road
Laurel, MD 20724

Please indicate any restrictions or other recommendations, if appropriate.

The completed Disability Verification Form must be returned to the school's ADA coordinator (Director) before the student can receive disability-based accommodations.

Documentation may be submitted in person, by mail, or by email to info@aspenlaurel.edu

Thank you for your prompt attention. If you have questions, please call our school's ADA coordinator (or Director) at 301-494-9387.

Sincerely,
Maria Bouchard
Director
mariab@aspenlaurel.edu
301-494-9387



INSTRUCTIONS

To receive disability-related services at Aspen Beauty Academy-Laurel, the following process must be completed and returned to Aspen Beauty Academy-Laurel:

1. The student must provide *The Letter to the Treating Professional*.
2. The Student Information section of the *Disability Verification Form* (page 4) documenting a physical and/or psychological disability to be completed by student.
3. The student must complete *The Request for Reasonable Accommodations* (page 8).
4. Provide all the material to your Treating Professional.
5. The *Disability Verification Form* must be completed and signed by a licensed/certified professional qualified to diagnose and treat the condition(s).
6. Return all completed forms and pages 1 to 8 to the school.



Disability Verification Form

STUDENT INFORMATION

Name: _____ Date of Birth: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Email: _____

TO BE COMPLETED BY LICENSED OR CERTIFIED PROFESSIONAL

Name: _____ Date of Birth: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Email: _____

Please provide the following information in full to qualify the student for eligibility and help determine the reasonable educational and physical accommodations:

1. Diagnosis: _____
 If applicable, Severity: Moderate Severe Residual/Remission

2. This condition substantially limits the following major life activities: (This section is required.)
 Moving Walking Manual tasks Bending Standing Lifting Breathing Concentrating
 Seeing Reading Hearing Communicating Sleeping Eating Caring for one's self

3. List other limitations/information helpful in determining accommodations in an educational setting: _____

4. The condition is: Stable Prone to exacerbation

5. Duration of disability: Permanent/chronic Temporary If temporary, expected duration: _____

I understand that the information provided will become part of the student record subject to the federal Family Educational Rights and Privacy Act of 1974 and may be released to the student on his or her written request.

Signature: _____ Title/License Number: _____ Date: _

If the above information is completed by an individual other than the professional who made the diagnosis, please provide the name and the telephone number of the individual who completed the Disability Verification Form:

Name: _____ Title: _____ Telephone: _

TO BE COMPLETED BY ASPEN BEAUTY ACADEMY-LAUREL STAFF

- Assessment by the appropriate staff
- Documentation review by outside agency/certified/licensed professionals



DISABILITY DEFINITIONS AND DOCUMENTATION

Eligibility for disability services is based on an individual's condition, which must: fall within the diagnostic categories listed below; and impair a major life activity; and pose an educational limitation for which accommodation is required and appropriate.

Disability	Community College Definition*	Qualified Professionals	Important Notes
Physical Disability	Visual, mobility, or orthopedic impairment	MD, OD	
Visual Impairment	Total or partial loss of sight: in best eye, with best correction, 20/200=legal blindness or 20/70 =partial sight	MD, ophthalmologist, optometrist	
Mobility, Orthopedic Impairment	Serious limitation in locomotion or motor function	M.D, O.D., see comments	DC accepted for disabilities related to the back
Hearing Impairment	Loss of hearing, which impedes the communication process essential to language, educational, social, and/or cultural interactions	Audiologist, MD	Submit the Disability Verification Form and audiogram within the past year
Deaf	Requires use of communication mode other than oral, including sign language	Audiologist , MD	Submit the Disability Verification Form and audiogram within the past year
Hard of Hearing	1. Severe=avg. loss in better ear, 55 db. 2. Mild- Moderate=avg. unaided loss in better ear 35-54 db.; aided, 20-54 db. or greater 3. Speech discrimination less than 50 percent 4. Documentation of rapid loss	Audiologist, MD	Submit the Disability Verification Form and audiogram within the past year
Speech and Language Impairment	Speech/language disorders of voice, articulation, rhythm, and/or the receptive and expressive language processes	Licensed speech professional	NOT caused by acquired brain injury, physical, psychological, or hearing impairments
Learning Disabilities	Cognitive ability test standard scores (usually WAIS III or WJ III), achievement test standard scores (usually the WJ III or the WIAT II)	PhD psychologist, college learning disability specialist, other appropriate professional	Submit the verification documents from the past year
Acquired Brain Impairment	Deficit in brain functioning caused by external or internal trauma, resulting in loss of cognitive, communicative, motor, psychosocial, and/or sensory-perceptual abilities	MD neurologist, neuropsychologist	Submit recent neuropsych report, if available; not applicable: conditions induced or present at birth, or progressive and/or degenerative in nature
Developmentally Delayed Learner	A DDL student is one who exhibits the following: a) below average intellectual functioning; and b) potential for measurable achievement in the instructional setting	Submit test results or regional center certification	Submit the verification documents from the past year
Psychological Disability	Persistent psychological or psychiatric disorder, or emotional or mental illness, moderate or severe on Axis I or II in the DSM, interferes with a major life function, poses an educational limitation	Psychiatrist; PhD psychologist, LMFT or LCSW (indicate license number)	Not qualified: DSM V codes, developmental disorders, sexual behavior disorders, compulsive gambling, kleptomania, pyromania, and psychoactive substance abuse disorders resulting from current illegal use
ADD/ADHD	Meets the DSM diagnostic criteria and poses an educational limitation	Psychiatrist; PhD psychologist, LMFT or LCSW (indicate license	

		number)	
Other Disabilities	Health conditions that limit a major life activity, present an educational limitation, and require support services or instruction	Licensed certified professional who is legally qualified to diagnose the disability in question	Examples include, but are not limited to: heart conditions, renal failure, tuberculosis, AIDS, diabetes

For further information on qualifying disabilities and/or signature and documentation requirements, contact the school's ADA coordinator/Director at 301-494-9387. Personal information recorded on the Disability Verification Form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with Aspen Beauty Academy-Laurel or other state or federal agencies, in such a manner as to comply with applicable statutes regarding confidentiality, including the Family Educational Rights & Privacy Act (20 U.S.C. 1232(g) pursuant to Sect. 7 of the Federal Privacy Act (P.L. 93-578, 5 U.S.C. 552a, note). The information is collected pursuant to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).



Request for Reasonable Accommodations

Name: _____

Once you have completed the *Disability Verification Form*, submit it to the School Director or ADA coordinator.

Identify your condition(s) and indicate how each condition affects your ability to perform the requirements of the course:

Accommodations/Services requested:

List all possible alternative accommodations:

Student Signature: _____ Date: _____

Receipt of request date: _____

(The School Director or ADA coordinator must complete the request date.)

Information on this form will be kept confidential and used only for accommodation determinations.