

**Muhlenberg College**  
**Office of Disability Services**



**Disability Disclosure Document & Intake Information Form**

Muhlenberg College is committed to ensuring that all qualified students with disabilities are provided reasonable accommodations, auxiliary aids, and services to ensure full access to programs and services. Students with disabilities who will be requesting accommodations, auxiliary aids, and services are encouraged to identify these needs to the Office of Disability Services as soon as possible after their application to the College has been accepted. Submission of current, detailed, disability-related documentation along with the completed Disability Disclosure Document/Intake Information Form is required in order to process requests.

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **email:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**If you are a student currently attending Muhlenberg College, please provide this additional information:**

**Campus Address:** \_\_\_\_\_ **Campus Phone:** \_\_\_\_\_

**Disability Information**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Learning Disability                             | <input type="checkbox"/> Blind             |
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Mobility Impairment                             | <input type="checkbox"/> Deaf              |
| <input type="checkbox"/> Chronic Health Impairment                       | <input type="checkbox"/> Hearing Impaired  |
| <input type="checkbox"/> Psychiatric/Behavioral/Mental Health Impairment | <input type="checkbox"/> PDD/Aspergers     |
| <input type="checkbox"/> Other _____                                     |  |
| <input type="checkbox"/> Other _____                                     |  |

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

- I have a diagnosed disability but have no current, supporting documentation.

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

- I do not have a diagnosed disability.

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

It is the responsibility of the individual seeking a determination of disability, (and who will be requesting accommodations), to provide appropriate documentation before a determination of disability can be made and accommodations can be discussed and implemented. Any cost of obtaining this documentation is the student's responsibility. The Muhlenberg College Office of Disability Services website offers information about the disability determination process and documentation guidelines which can be provided to the diagnostician, educational, and/or medical professional being consulted about the student's evaluation.

**Please describe how your disability/condition affects you...**

Academically: \_\_\_\_\_  
\_\_\_\_\_

Personally: \_\_\_\_\_  
\_\_\_\_\_

Describe current treatments or medications that may impact requested accommodations, auxiliary aids, and services: \_\_\_\_\_  
\_\_\_\_\_

**Accommodation History**

**Have you ever received accommodations, auxiliary aids, and services?**       Yes       No

**If yes, what accommodations have you received in the past? (Check all that apply)**

Classroom Accommodations:

- |   |   |
|---|---|
| <input type="checkbox"/> Record Lectures                  | <input type="checkbox"/> Note Taker Services      |
| <input type="checkbox"/> Interpreter/ CART/ C Print       | <input type="checkbox"/> FM Systems               |
| <input type="checkbox"/> Preferential/Specialized Seating | <input type="checkbox"/> CCTV/Captioned Materials |
| <input type="checkbox"/> Other _____                      |   |

Testing Accommodations:

- |  |  |
|--|--|
| <input type="checkbox"/> Extended Testing Time     | <input type="checkbox"/> Distraction Reduced Environment |
| <input type="checkbox"/> Oral Testing              | <input type="checkbox"/> Reader/ Scribe                  |
| <input type="checkbox"/> Computer Use for Essays   | <input type="checkbox"/> Large Print                     |
| <input type="checkbox"/> Recorded/Auditory Testing | <input type="checkbox"/> Specialized Furniture/Devices   |
| <input type="checkbox"/> Other _____               |  |

Assistive Technology:

- |   |   |
|---|---|
| <input type="checkbox"/> Textbooks in Alternate Format  | <input type="checkbox"/> Specialized Software (Please List) |
| <input type="checkbox"/> Specialized Hardware & Devices | <input type="checkbox"/> _____                              |
| <input type="checkbox"/> Other _____                    |   |

**If no, what accommodations, auxiliary aids, and/or services will be requested if you are determined eligible under Muhlenberg College Guidelines?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In providing this information to the Muhlenberg College Office of Disability Services, I acknowledge the disclosure of my disability(ies)/condition(s) for which I am currently seeking accommodations, auxiliary aids, and services.

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

## Understanding Disability Services at the Post Secondary Level

All students with disabilities are eligible for protections under the Americans with Disabilities Act Amendments Act (ADA AA) of 2008 and Section 504 of the Rehabilitation Act of 1973 (as amended). Under the ADA AA 2008, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities, having a record of such an impairment, or being regarded as having such an impairment”. Students with disabilities requesting accommodations and services at Muhlenberg College must complete an application process and be determined eligible as a student with a disability prior to the development of an accommodation plan. This multi-faceted process includes the student’s self-disclosure, personal interview, and the timely submission of detailed documentation of disability. Disability Documentation submitted to obtain accommodations, auxiliary aids, and services at the post secondary level must provide objective evaluative information, an interpretation of the evaluation results, include statements identifying the area of disability, provide evidence of the disability’s impact on the major life activity, and suggest recommendations for accommodations.

Policies regarding disability documentation are consistent with the standards of Muhlenberg College Office of Disability Services and the Association on Higher Education and Disability (AHEAD) best practices principles.

## Statement of Confidentiality

The Office of Disability Services at Muhlenberg College is committed to protect the confidentiality of students with disabilities as required or permitted by law. Information obtained by Muhlenberg College Office of Disability Services related to a student’s disability is maintained in a confidential manner consistent with the Family Educational Rights and Privacy Act (FERPA) and is shared with appropriate Muhlenberg College officials who have a legitimate educational interest in the information. Ensuring effective provisions of accommodations, auxiliary aids, and services may necessitate the Office of Disability Services to disclose and discuss the student’s disability information with Muhlenberg College officials including administrative, faculty, and management staff. Any disclosure and/or discussion of disability-related information is used to guide the Office of Disability Services for the purpose of providing reasonable accommodations, auxiliary aids and services for which the student has been determined eligible.

## Student Statement: Release/Exchange of Information

I have been informed of the policies regarding confidentiality and the release/exchange of information regarding my disability and related academic, medical, and/or psychological/psychiatric records between the Office of Disability Services and the Academic Resource Center, Counseling Services, Student Health Services, and Muhlenberg College administrative, faculty, and management staff, as warranted and appropriate. I understand that the Director of the Office of Disability Service may discuss my disability-related information with those professionals who have evaluated or diagnosed the condition for which I am seeking accommodations and with those with whom I am currently involved in educational, medical and/or therapeutic support. I understand that all information released and discussed will be utilized for the benefit of my academic program at Muhlenberg College and for the purpose of providing the reasonable accommodations, auxiliary aids and services for which I have been determined eligible.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

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

Muhlenberg College Office of Disability Services  
Pamela Moschini - Director  
2400 Chew Street  
Seegers Union – Lower Level  
Allentown, PA 18104