

CARE CARE

PACIFIC OAKS COLLEGE ACADEMIC ACCOMMODATIONS POLICES AND PROCEDURES

Revised August 2010

Pacific Oaks College complies with the Rehabilitation Act (Section 504) and the American with Disability Act (ADA) by providing reasonable accommodations to qualified students.

On-site instruction

Students seeking accommodations based on a disability must self identify themselves to the CARE Director. Students are required to provide current documentation (within the last 3 years) supporting their disability. Documentation should be submitted to the CARE Director along with an accommodation request application. It is important to note that Pacific Oaks does not provide accommodation testing. The CARE Director will meet with the student to discuss accommodations. Students will be notified, via written correspondence, of the outcome of their request.

Online instruction

Given the structure of online instruction at Pacific Oaks College, many available on-site accommodations might not be deemed “reasonable” for online programs. Online students seeking accommodations should contact the CARE Director directly to discuss their needs.

Transferring Accommodations

Accommodations are not transferable. Students who receive approved accommodations for on site courses may not utilize their approved accommodations for any future online courses they may take.

Accommodations will be arranged as follows:

- A. **Pasadena location:** Accommodations must be approved by the CARE Director. The CARE Director will coordinate approved services with faculty.
- B. **Distant locations:** Accommodations require approval by the CARE Director. Coordination of services will be handled by the designated disability coordinator at the distant location in consultation with the CARE Director.
- C. **Online accommodations** require approval by the CARE Director who will coordinate services with individual instructors.

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**PACIFIC OAKS COLLEGE
ACADEMIC ACCOMMODATIONS APPLICATION**
Revised August 2010

General Information: Please check appropriate boxes: BA__ MA__ Dept. HD__ TE__ MFCC__

Student's Name _____ ID _____

Permanent Address _____

Street City State Zip

Mailing Address _____

Street City State Zip

Phone () _____ - _____ TTD/Voice Message # () _____ - _____

E-mail _____ Advisor _____

Disability Status *(check all that apply and provide description of disability)*

Permanent Temporary Physical Disability

visual hearing Orthopedic neurological respiratory

Mental Disability specific learning disability psychological disorder

Other

Required Documentation - Current certification (within the past 3 years) of your disability must be submitted by a qualified professional. Documentation must be on official letter head. Documents provided on a doctor's prescription note pad will not be accepted. Students who have received accommodations at a previous institution within the past 3 years should also review the Authorization for Release of Student Information Form located on the last page of this document.

Name of Professional _____ Occupation _____

Agency _____ Phone () _____

Address _____

Street City State Zip

Academic accommodation(s) request: Please identify your anticipated academic needs

Please Print

1. _____
2. _____
3. _____

Signature: _____ Date: _____



DISABILITY INFORMATION RELEASE

I, _____, give the disability coordinator permission
(Please print name)
to share information pertaining to my disability with the following persons:

- All faculty members of Pacific Oaks College
- Specific faculty members only (as requested by me on an as-needed basis)
- Other college personnel (please indicated individuals):

Other (please explain)

Signature _____ Date _____



Center for Student Achievement, Resources and Enrichment (CARE)

STUDENT ACCOMMODATIONS

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Please use this form if you received accommodations at another institution **(in the last three years)** to request that your disability documentations be sent to Pacific Oaks College. Pacific Oaks reserves the right to request additional information if necessary.

I, _____, hereby authorize the release of information
(Please print name)

regarding my disability status to the CARE Office (servicing students with disabilities) at Pacific Oaks College.

Please send information to:

Name of Professional to receive documents:	Patricia Meda - CARE Director
Organization:	Pacific Oaks College CARE Office
Address:	5 Westmoreland Place Pasadena, CA, 91103
Phone:	(626) 397-1338
Email:	pmeda@pacificoaks.edu

Student's Signature _____ Date _____