

**TEXAS  
WOMAN'S  
UNIVERSITY**

Disability Support Services  
CFO 105, P.O. Box 425966  
Denton TX 76204-5966

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Denton  
Dallas  
Houston

**(940) 898-3835 voice**  
**(940) 898-3830 tty**  
**(940) 898-3965 fax**

**Dear Student:**

**The Office of Disability Support Services (DSS) assists students with disabilities attending Texas Woman's University by determining and recommending appropriate academic support services. In addition, DSS acts as a referral source for other services both on campus and in the community.**

**Students requesting services must complete an application form and provide our office with verification of their disabilities. Once registered, students are eligible to receive appropriate accommodations through the university. Disability Support Services assists students with disabilities through the provision of sign language interpreters, carbonless note taking paper, test accommodations, and other accommodations that are determined to be appropriate.**

**Once students are registered with DSS, the office will provide an accommodation request form, listing the student's specific accommodation requests. This form will be made available to the student, who will be responsible for acquiring signatures from his/her professors, and returning the form to this office.**

**Students should register with the Office of Disability Support Services early (if possible, prior to the semester in which they need accommodation) to help insure that all accommodations are in place by the beginning of the semester. Even if you do not believe that you will require accommodation in the upcoming semester, registration is still recommended.**

**We look forward to serving you! If you have any questions, please feel free to contact us at any of the numbers listed above, or by fax at (940) 898-3965.**

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**APPLICATION FOR SERVICE  
Disability Support Services**

To receive services from Disability Support Services, you must complete and return this form. The information requested is necessary if we are to assist you with appropriate support services. In order to receive assistance, you must be accepted through TWU's Office of Admissions. (This is not an application for admission to the University.)

Date of Application: \_\_\_\_\_

Major: \_\_\_\_\_

Undergraduate\_\_\_\_ Masters Program\_\_\_\_ Doctoral Program\_\_\_\_\_

**Personal Information:**

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

Student ID Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact:

Name/Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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**Confidentiality will be strictly maintained at all times.**

Have you ever been tested or diagnosed as having a disability? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Describe Disability\* \_\_\_\_\_

\_\_\_\_\_  
\*Include medical/diagnostic evaluation report(s) with this application which provide(s) evidence of above disability and its limitations to your mobility or academic performance. Please include a contact name, phone number, and address of physician/ diagnostician familiar with your disability.

Are you currently receiving assistance through:

Texas Rehabilitation Commission: \_\_\_\_\_

Texas Commission for the Blind: \_\_\_\_\_

Texas Commission for the Deaf and Hard of Hearing: \_\_\_\_\_

### **Educational History:**

High School Name: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Did you receive support services in high school? \_\_\_\_\_

If yes, explain the type of services that you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you attended any educational institutions beyond high school?

\_\_\_\_\_

Did you receive any support services there? \_\_\_\_\_

If yes, explain the type of services that you received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
WHEN THIS APPLICATION IS COMPLETE, CONTACT DSS TO SCHEDULE AN APPOINTMENT WITH THE COORDINATOR TO REVIEW YOUR APPLICATION AND DETERMINE WHAT ACCOMMODATIONS ARE MOST APPROPRIATE FOR YOU.

In accordance with Leg. House Bill 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information.

Disclosure of your social security number is required in order to be registered with Disability Support Services at Texas Woman's University. Your social security number will be used as a unique number to identify you. Any further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

**Please initial that you have read this statement**\_\_\_\_\_.

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**Disability Verification for Students with  
Learning Disabilities, Psychological Disorders or Attentional Disorders (e.g. ADD/ADHD)**

As a means of ensuring equal access to educational opportunity at Texas Woman's University for persons with disabilities, Disability Support Services (DSS) provides specialized services, which include advisement, advocacy, availability of adaptive equipment, information about community resources, and provision of direct services (readers, notetakers, tutors, interpreters, etc.). TWU students who have appropriate verification of disabilities are eligible for assistance from the DSS office.

Eligibility criteria includes:

1. Verification of diagnosis and severity of disabling condition from qualified treating professional  
(e.g. psychiatrist for ADD/ADHD, psychologist, educational diagnostician for other psychological disorders) provided by the student.
2. Detailed description of how this impairment **significantly limits a major life function in an educational setting**.

To ensure the provision of reasonable and appropriate services for students with Learning Disabilities, Psychological Disorders or Attentional Disorders at TWU, specific documentation of their disability is required. This documentation should include, a description of the student's functional limitations in an educational setting, the severity and longevity of the condition, any psychosocial implications of the disability (e.g. use Global Assessment of Functioning Scale Score, G.A.F.), a description of current treatment, and recommendations for additional treatment/assistance.

**PLEASE PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS (1-11).**

On professional letterhead, please address/answer the following questions regarding:

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(Name of student)

**PLEASE PROVIDE ANSWERS TYPEWRITTEN ON PROFESSIONAL LETTERHEAD**

1. DSM-IV diagnosis.
2. Date of diagnosis.  
Last contact with student.
3. Current Global Assessment of Functioning (GAF) Scale Score.
4. What instruments/procedures were used to diagnosis the psychological disorder?
5. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset.
6. In order for our staff to determine the impact of this student's disorder on academic activities such as test-taking, notetaking and concentrating, please describe what major life activities are impacted by this disorder as well as how significant this impact is. Please identify if you've observed this directly or would anticipate it occurring in an educational setting.
7. What measures (formal or informal) was used to assess the educational impact of the psychological condition or ADD/ADHD?
8. Recommendations regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level.
9. Is this student taking medication? If so, what is the medication and does it need to be monitored locally?
10. With appropriate treatment (e.g. counseling, medication, etc.), does the student need the above services or accommodation? If so, why?
11. Please attach a copy of any diagnostic reports or educational assessments, relevant to establishing a confidential case file with the DSS office.

Signature: \_\_\_\_\_

Print name and Title: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/FAX: \_\_\_\_\_

Date: \_\_\_\_\_

Return this information to: Disability Support Services  
P. O. Box 425966  
Denton, TX 76204-5966  
Phone (940) 898-3835 (VOICE)  
(940) 898-3830 (TDD)  
(940) 898-3965 (FAX)

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## AUTHORIZATION FOR INFORMATION RELEASE

I, \_\_\_\_\_ Student ID# \_\_\_\_\_  
hereby authorize Disability Support Services (DSS) to discuss either in writing or orally, my academic adjustments or accommodations with appropriate administrators, instructors, professors, service providers, student assistants, and other persons deemed necessary by the DSS personnel for the purpose of providing and/or coordinating academic services for me at Texas Woman's University.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**E-mail**

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**Please initial that you have read this statement** \_\_\_\_\_.

## SEMESTER

Fall   Spring   Summer I   Summer II   Summer III   Year \_\_\_\_\_  
[circle one]

## CLASS SCHEDULE

| <u>Dept/Course / Section #</u><br>[Example: UNIV/ 1000/01] | <u>Days/Time</u> | <u>Location</u> | <u>Professor</u> |
|--|------------------|-----------------|------------------|
| _____/_____/_____  | _____            | _____           | _____            |
| _____/_____/_____  | _____            | _____           | _____            |
| _____/_____/_____  | _____            | _____           | _____            |
| _____/_____/_____  | _____            | _____           | _____            |
| _____/_____/_____  | _____            | _____           | _____            |