

STATE OF IOWA
SUPPORT FOR ACCOMMODATION REQUEST (SAR)
FRAMEWORK FOR DOCUMENTING A DISABILITY

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed certain protections and rights for equal access to programs and services. In order to access these rights in higher education, an individual must present documentation indicating that the disability substantially limits some major life activity.

The Office of Student Disability Services at any higher education (2-year, 4-year private or regents) institution requires relevant information be submitted to support a request for accommodation. Generally speaking, current (within three years) information provides the best picture of the current functional impact of the disability, however, disability student service providers at the post secondary level utilize common sense and discretion in accepting older documentation of conditions that are permanent or nonvarying. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. Therefore, offices of student disability services reserve the right to request additional information in order to determine eligibility and to provide appropriate and reasonable accommodations.

In some cases, students with certain disabilities (e.g., psychiatric, TBI, etc.) may be required to submit updated documentation from their provider on a continued basis in order to remain eligible for services.

The **Support for Accommodation Request (SAR)** form has been developed as a tool for summarizing documentation from a student's secondary school experience. Students and their teachers or transition coordinators can use the following instructions to complete the **SAR**, summarizing relevant and useful information from a variety of sources (IEPs, assessments, reevaluations, high school records). The **SAR** can be used as the basis for verifying eligibility and supporting requests for accommodations, academic adjustments, and/or auxiliary aids at the post-secondary level.

The **FOUR** major steps for requesting accommodations at a 2-year community college, 4- year private or Regents institution are to:

1. **SCHEDULE** an appointment with the person who oversees Services for Students with Disabilities. It is very important in making your decision about which college 'fits' you best to visit with a student disability services provider and discuss the support services available to you.
2. **SUBMIT** documentation. The SAR provides much of the information the institution requires to determine eligibility for services and to begin the conversation about those accommodations at the college level that will help you to be in control of your learning. However, there may be situations when conditions have changed and additional or different information (documentation) will be requested in order to fully evaluate your request for accommodations, auxiliary aids, and/or academic adjustments.
3. **REQUEST** accommodations or services at the intake appointment and ask about specific procedures for receiving accommodations. Submission of documentation is **NOT** the same as a request for services.
4. **PARTICIPATE** in the determination of reasonable and appropriate accommodation. The student disability services provider is your **PARTNER** in making a smooth transition to college.

**COMPLETING THE SUPPORT FOR ACCOMMODATION REQUEST FORM
AS APPROPRIATE TO THE DISABILITY
DOCUMENTATION SHOULD INCLUDE:**

1) Eligibility/ Diagnostic Statement

An eligibility/diagnostic statement includes:

- Date of original eligibility—when the student entered into the system
- Most recent reevaluation date—basis for continuation of services
- Current area(s) of concern—identifies the primary life area that qualifies the individual for services (i.e. learning, modality, chronic health, speaking, vision, etc.)

Acceptable diagnostic taxonomies are those used by the Department of Education, Area Education Agencies, the State Department of Rehabilitative Services, other State agencies, the current editions of the Diagnostic Statistical Manual of the American Psychiatric Association (DSM-IV-TR), and/or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD).

2) Formal Diagnosis and Date

When available include the formal diagnosis, the name of the professional evaluator with credentials (certification, licensure, and/or the professional training of individual(s) conducting the evaluation should be provided), and the date of the evaluation. *Please indicate if there is no formal diagnosis available.*

3) Basis of Determination

List any assessments (formal, informal, diagnostic, criterion-based, or process) used for the determination services. Include specific results from the diagnostic procedures and/or tests that are relevant to the disability and when they were administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process. Useful and relevant information also includes the use of accommodations or modifications during evaluation.

4) Current Functional Impact

The current functional impact of the disability describes how the student functions in an academic setting. Narrative is most helpful when current levels of performance in specific content areas are reported using supporting assessment results. Include if and how the student used accommodations or modifications to achieve the levels of performance reported. Provide any additional information and/or insights that would potentially impact academic performance at the post secondary level. Current functional impact focuses on:

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|---------------------------|-----------------------------|
| • Attention/hyperactivity | • Motor Activity |
| • Chronic/other health | • Psychological/Psychiatric |
| • Hearing | • Speaking |
| • Learning | • Vision |
| • Mobility | • Another area of life |

Include current treatments and medications. A brief review or history of treatments and medications noting significant and/or potential side effects that may impact perceptual, cognitive, behavioral and/or physical performance should also be included.

5) Response to Instructional Intervention

A description of instructional interventions, assistive devices, accommodations and/or assistive services should be provided. Include statements about their effectiveness in managing and/or minimizing the impact of the disability for the individual.

6) Description of the expected progression or stability of the impact of the disability over time.

This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation.

7) History of Accommodations

List the accommodations used with perceived effectiveness in managing and/or minimizing the impact of the disability for each year grades 9-12. The student also has an opportunity to engage in reflection and self-determination.

8) Suggested Accommodations for Postsecondary

Include suggestions for accommodations and supports that may be beneficial in providing access to academic programs at the postsecondary level including:

- Accommodations,
- Adaptive devices,
- Assistive services, and/or
- Compensatory strategies.

9) Recommendations for Living and Working

Add any additional accommodations, linkages to adult services, or other collateral support services that are recommended in providing full access to postsecondary living and working environments.

As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included.

10) Adult/Community Contacts

Provide contact information for professionals/agencies that you recommend the student use in the postsecondary environment and/or have a history of working with the individual. Additional resources can provide valuable information during the determination of eligibility and the evaluation of requests for accommodations and/or auxiliary aids. When recommendations are congruent with the programs, services, and benefits offered by the College/University they will be given deference. When recommendations go beyond services and benefits that can be provided by the College/University, the contacts may be used as potential referrals to area service providers to work in collaboration with the College/University.

11) Signature

The signature of the professional (i.e. secondary special education teacher, transition coordinator) completing this form along with the person's title/role, and contact information is included for reference.

12) Authorization of Release

The student should document his/her participation in providing this information by signing and dating the Authorization of Release.

13) Student Written Response

The purpose of the student written response is to engage the student in the process of his/her transition and self-determination. The response may be handwritten or word processed.

SUPPORT FOR ACCOMMODATION REQUEST

To be used in consideration of post-secondary academic accommodation requests.

Student's Name:

1. **ELIGIBILITY/DIAGNOSTIC STATEMENT:**

- + Date of original eligibility:
- + Most recent reevaluation date:
- + Current goal area(s) of concern:

2. **FORMAL DIAGNOSIS and DATE (when available):**

3. **What is the BASIS OF DETERMINATION for current services?** (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. **Describe the CURRENT FUNCTIONAL IMPACT of the disability:**

5. **RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:**

6. **Expected PROGRESSION or STABILITY of the disability:**

7. **HISTORY of ACCOMMODATIONS:**

- + 9th Grade:
- + 10th Grade:
- + 11th Grade:
- + 12th Grade:

8. **SUGGESTED ACCOMMODATIONS for post-secondary experiences:**

9. **RECOMMENDATIONS (include accommodations, linkages to adult services, other support) for**

- + Living:
- + Working:

10. **ADULT/COMMUNITY Contacts:**

- + Agency: Status: Name/Position: Telephone:

11. **SIGNATURE of Credentialed Professional**

Name of Person completing this form (Print)	Title/Role	Agency/Organization
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Signature	Telephone	Date
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12. **AUTHORIZATION for RELEASE OF INFORMATION**

I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

Name of Student (Printed)	Student's Signature	Date
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13. **STUDENT WRITTEN RESPONSE—Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)**