



**Employee/Student Self-Disclosure Statement**

Name: \_\_\_\_\_ Circle: Employee / Student

Program: \_\_\_\_\_

Compass Career College recognizes and accepts its obligations under the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, and the ADA Amendments Act of 2008, prohibiting discrimination on the basis of disability and requiring the College to provide reasonable accommodations to qualified disabled employees/students in all college programs and activities.

The Director of College manages determination of reasonable accommodations and compliance with the ADA and Rehabilitation Act for students and employees. No student or employee shall be retaliated against for seeking accommodation under this policy or for participating in any complaint procedures brought against the College for its alleged non-compliance with the policy.

*Please complete this form and return it to Student Services or the Compliance Officer. Attach any additional material necessary. All material will be forwarded to the Director of College.*

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Please describe the nature of your disability.

Please describe the documentation you intend to provide.

Have you been accommodated before? If so, please explain.

What accommodations do you feel would be appropriate at Compass Career College?

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**Student/Employee Signature**

**Date**

**Sarah Schillage · Compliance Officer**  
**42353 Deluxe Plaza Suite 16 · Hammond, LA 70403**  
**Phone: 985.419.2050 · Fax: 985.419.2040**  
**Email: [sschillage@compasscareercollege.net](mailto:sschillage@compasscareercollege.net)**



**Employee/Student Disability Information/Verification**

Please find the attached *Student Release of Information* form for \_\_\_\_\_, who anticipates attending Compass Career College beginning \_\_\_\_\_. Please provide the following information in sections \_\_\_\_\_A \_\_\_\_\_B \_\_\_\_\_C as well as any other appropriate documentation describing your diagnosis and recommended accommodations for the above named student (typed, signed and dated on letterhead).

**SECTION A—Required for All Disabilities**

1. Qualifications of the Diagnosing Professional (Name, title, licenses, state licenses, and professional credentials):

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2. Diagnosis (Include date of diagnosis, description, nature and severity of presenting problem, and how this will affect the student in an academic setting):

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3. List of the tests and administration dates used in this diagnosis and evaluation. Test scores including standard scores and/or percentiles for all normal measures should be included as well as a clinical summary. The clinical summary should include indication of the substantial limitation presented by the disability. This information should be provided in separate documentation typed, signed and on letterhead.

Number of additional pages included: \_\_\_\_\_

4. Will this student present any difficulty in maintaining a safe and constructive classroom environment? If so, please detail:

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**SECTION B—Required for Learning and Mental Health Disabilities**

For learning disabilities and/or emotional/mental disabilities as appropriate to substantiation, diagnostic interview, and assessment of the presenting problem. Supporting information should include: a) developmental, medical, psycho-social, employment and family history as appropriate; b) test scores, evaluation(s), determining test(s), and date of testing; (c) clinical summary including but not limited to the following:

1. Demonstration of ruled out alternative explanations for academic problems.
2. Indication of how patterns in the student’s cognitive ability, achievement, and information processing reflect the presence of a learning disability.
3. Indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested.

This information should be provided in a separate document typed, signed and on letterhead.

Number of additional pages included: \_\_\_\_\_

**SECTION C—Required for All Disabilities**

1. Record of any prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used:

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2. Recommendations for academic accommodations, why these accommodations are needed, and how the effects of the specific disability are accommodated:

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\_\_\_\_\_  
Signature of Diagnosing Professional

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Thank you in advance for your prompt attention to this request. Please return the information to the following address by: \_\_\_\_\_.

**Sarah Schillage · Compliance Officer**  
42353 Deluxe Plaza, Suite 16 · Hammond, LA 70403  
Phone: 985.419.2050 Fax: 985.419.2040 Email: sschillage@compasscareercollege.net



**Student Accommodation Agreement**

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

Compass Career College is committed to providing equal access to educational programs for all students in an effort to promote the ability to achieve required program outcomes. You have qualified for special accommodations under the college ADA guidelines. All information pertaining to your accommodation/disability will remain confidential.

**THE FOLLOWING ACCOMMODATIONS HAVE BEEN AUTHORIZED:**

- \_\_\_\_\_ 1. Large print items
- \_\_\_\_\_ 2. Note taking and/or typing assistance from: \_\_\_\_\_
- \_\_\_\_\_ 3. Authorization to tape record lectures/discussion.  
Tape recorded and tapes provided: \_\_Y\_\_ N. Tape recorded lectures are for personal study use only. They may not be shared without the consent of the lecturer or used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the class activity. Information contained in the tape-recorded lecture may be protected under federal copyright laws and should not be published without the consent of the lecturer. The faculty member will be notified before class begins that a student may be recording the lectures as a reasonable accommodation.
- \_\_\_\_\_ 4. Additional time for completing tests (Time allotted is usually 1.5x)
- \_\_\_\_\_ 5. Additional time for completing individual assignments. A) If necessary, the student is to be allowed extra time to complete individual assignments. As a general guideline, the student should be allowed a minimum of 1.5 times to complete individual assignments, e.g., if an assignment is due in two weeks, this accommodation allows it to be submitted in three weeks. Additional time must be granted, if needed without penalty. Individual assignments are only those individual projects or papers due during the class. This does not extend to discussion questions, participation, group assignments or weekly summaries. B) If necessary, an incomplete shall be granted to the student to complete individual assignments for the course, and the student is NOT to be penalized academically for requesting an incomplete. If the student requests an incomplete, the faculty member should grant the student an In Progress Extension (IX). However, the student must meet the regular campus attendance requirements and follow proper procedure in applying for an incomplete. C) If necessary, the student will contact the instructor at the beginning of each class to discuss extended due dates. Participation work deadlines cannot be changed.
- \_\_\_\_\_ 6. Separate room testing. If requested, the student is allowed to take tests in a room separate from the classroom. This accommodation is designed to provide the student with a reduced distraction testing environment. It is the student's responsibility to notify the instructor prior to the administration of a test if he/she would like to exercise their right to test in a separate room.
- \_\_\_\_\_ 7. Alternative formats of textbook(s) and/or class materials
- \_\_\_\_\_ 7. Administrative assistance from: \_\_\_\_\_
- \_\_\_\_\_ 8. Other special arrangements (add attachment if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form:

- *I acknowledge and understand that I am responsible for meeting with my instructors and requesting accommodations.*
- *I further acknowledge my responsibility to act as my own self-advocate. Due to the risk of violating my confidentiality, my instructors will not initiate my accommodations. I will decide when and/or if my accommodations will be exercised.*
- *If, at any time, I feel I need accommodations not listed above, I will contact my instructor(s), the Compliance Officer, and/or the Director of the College to request a review (additional documentation may be required).*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sarah Dugas—Director of College

\_\_\_\_\_  
Date

**ACCOMADATION COMMUNICATION TRACKING**

Under Step 4, Communication, of Compass Career College’s ADA Policy, the faculty member(s) for student course(s) will be notified of the agreed upon accommodation(s) and ensure the accommodation(s) is available. Instructors are reminded that students are responsible for being their own self-advocates. To avoid a violation of privacy, do not discuss/disclose approved accommodations where others may hear. The student will contact the instructor(s) if they choose to exercise their approved accommodations.

Instructors are to print and sign their names below indicating that they have read the accommodation agreement on Page 1 of this document.

	Print Name	Sign Name	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____



**Employee/Student Release of Information**

The following Compass Career College student/employee applicant has self-disclosed a condition protected under the Americans with Disabilities Act (ADA). This documentation is required as part of the College's procedures governing ADA.

This section to be completed by employee/student applicant:

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Student/Employee Name: \_\_\_\_\_ Circle: Student / Employee

Diagnosing Professional Name: \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

I hereby authorize the above to release all pertinent disability-related information as noted under the Americans with Disabilities Act (ADA) in order to determine reasonable accommodations in the academic environment.

\_\_\_\_\_  
Employee / Student Signature

\_\_\_\_\_  
Date

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**Director of College:**

**Sarah Schillage · Compliance Officer**  
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**Student Equipment Agreement**

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

**EQUIPMENT RECEIVED:** \_\_\_\_\_

Description:

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

CCC Property Number: \_\_\_\_\_

Date to be returned: \_\_\_\_\_

I acknowledge I have received the above equipment on this date \_\_\_\_\_ and agree to return the equipment upon completion or cessation of attending classes at Compass Career College. The equipment has been tested at this time and is in good working order. I agree to return the equipment in good working order. In the event of maintenance problems, I agree to bring the equipment to Compass Career College for repair or replacement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sarah Dugas—Director of College

\_\_\_\_\_  
Date

**If mailing, return to:  
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**Request for Incomplete**

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Class requesting Incomplete: \_\_\_\_\_

Reason (Must be ADA compliant): \_\_\_\_\_

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Coursework must be completed no later than \_\_\_\_\_, failure to complete coursework by specified date above will result in automatic drop from class, warranting the course to be re-completed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of College

\_\_\_\_\_  
Date

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