Troy University

Policies and Procedures For Disability Services Approved October 21, 2003

Contact information

TROY UNIVERSITY POLICIES

1. General History On July 26, 1990, President George Bush signed the Americans With Disabilities Act (ADA) into law. The ADA is built upon the Civil Rights Act of 1964 and the Rehabilitation Act of 1973 (Section 504), which calls for the elimination of discrimination against individuals with disabilities. Troy University is committed to preventing discrimination against persons with disabilities by being proactive in complying with the Americans With Disabilities Act. Troy University is covered under both Title I (Employment) and Title II (State and Local Government) of the ADA.

The University is not required to make modifications that would pose an undue financial burden or violate the code of conduct.

4.5 Students/employees with disabilities are responsible for identifying themselves to the campus Disability Services Coordinator/Director of Human Resources in order to assure timely provision of accommodations. Students should register with the Disability Services Office and make requests for accommodations prior to the beginning of the term.

Contact information

5. Activities and Special Events

Every event, special activity, and program hosted or planned by the University should be accessible to persons with disabilities. When selecting a location for an event, consideration should be given to its accessibility. If the event is publicized, provide persons with disabilities the opportunity to request special accommodations. Special accommodations can include alternate printed materials, interpreters for the deaf, assistive listening devices, etc. To determine the special accommodations that may be requested, list the following statement on all applications, registration, and program announcements:

Individuals with disabilities requiring special accommodations should contact _____ (event coordinator) prior to the event, allowing reasonable advanced notice so that reasonable accommodations may be arranged.

6. ADA Grievance Procedure

6.1 A party making a complaint should meet with the party with whom he/she is in disagreement and attempt to discuss and clarify the problem.

should include:	findings of fact,	conclusions, a	a description of	a remedy for	each violation f	ound,

specified on the letter. Faculty are responsible for reviewing the information in the letter and discussing how the accommodation will be implemented in the course. Any questions or concern	
discussing how the accommodation will be implemented in the course. Any questions or concern	ns

Supervisors remain responsible for evaluating whether or not an employee is able to perform his or her job (given reasonable accommodation) just as the supervisor would for any other employee under his/her supervision.
Reasonable accommodation in the workplace is an individual civil right guaranteed by federal legislation (

Appendix A Troy University Criteria For Disability Documentation

6. 7.	Current letter/report (post-rehab within 1 year), dated and signed Necessary accommodations
- Learning	Disabilities (LD)

Appendix B

Disability Services Forms

APPLICATION FOR DISABILITY SERVICES Name SSN/Student ID
NameSSN/Student ID
First Last Middle Initial
AddressSTSip Code
Phone No. (H) () (W) () E-Mail
.ive on Campus? Yes No N/A
Date of Birth Male Female Emergency Contact
Student Major Employee Dept
Classification: Freshman Sophomore Junior Senior Graduate N/A _
explain your disability and current treatment:
Vhat accommodations are you requesting?
Oo you take prescription medication? Please name it, the dosage and the physician who pres

Do you receive assistance from Vocational Rehabilitation, Veteran's Affairs, Student Support Services or any other agency? If you answered yes, please name your counselor or contact person and his/her location						
Once you make application for services and provide the appropriate documentation, the Disability Services Coordinator/Director of Human Resources will review your documentation and inform you of your status as a student or employee with a disability.						
B-1						

Permission to Release Information

I, hereby give my permission to Troy University to
Print Name
discuss information concerning my disability and accommodations and/or to release documentation on my disability, with individuals who will be involved in the delivery of services to me for my benefit. I also give permission for other agencies and individuals to discuss and release information to the Troy University Disability Services Coordinator. In addition, pertinent information related to my disability may be provided to facilitate the delivery of services on a "need to know" basis. These individuals

November 7, 2002 John Q. Student 123 Happy Avenue Troy, AL 36082 Dear Your application requesting status as a student/employee with a disability at Troy University has been approved. Appropriate and reasonable accommodations will be provided. It is your responsibility to pick up your Disability Services Accommodation Letter and deliver it to the faculty/supervisor. Remember, a separate form is needed for each faculty each term of enrollment.

November 7, 2002
John Q. Student 123 Happy Avenue Troy, AL 36082
Dear
Your application requesting status as a student/employee with a disability at Troy University has not been approved for the following reasons:
• • •
If you are still interested in obtaining accommodations, please contact the Disability Services Office/Director of Human Resources to discuss eligibility requirements. My office is located in My office hours are My telephone number is My email address is
Sincerely,
Disability Services Coordinator/ Director of Human Resources
B-4

TROY UNIVERSITY

Disability Services Accommodation Letter

Memorandum to Faculty:
The student/employee listed below has registered with the Disability Services Coordinator/ Director of Human Resources as having a documented disability that will require accommodations. This means that (s)he is eligible for services that give equal access to higher education/ employment under the guidelines of Section 504 of the Rehabilitation Act of 1973 (as amended) and the Americans with Disabilities Act of 1990. Please discuss these accommodations with the

TROY UNIVERSITY ADA GRIEVANCE FORM

Complainant:	
Date:	
Name:	Signature:
Mailing Address:	
Home Phone # ()	Work Phone # ()
Faculty Staff Student _	Other (specify)
Respondent:	
Name of person or group the complaint is a	against:
Phone # ()	_
Faculty Staff Student _	Other (specify)
What was the result of your discussion with	h the respondent? (Please use back if additional space is necessary)