



**Disability Resources for Students (DRS)**  
**Student Packet for Newly Requesting Students**

Welcome to Clover Park Technical College!

In order to attain possible services through Disability Resource Services (DRS), appropriate diagnostic information from a qualified licensed professional is required. This can be in the form of a letter from your clinician, written on letterhead paper (not a prescription pad). Or it could be diagnostic summaries from office visits, if they clearly state what you have been seen for, your diagnosis, medications, etcetera. Diagnosis must be from qualifying clinicians. The DRS office also has Disability Verification forms available for you to take to your provider, if needed (one is attached in this packet).

After the DRS office has received your documentation, along with the required completed forms, an appointment to meet for an Intake can be arranged.

Every individual situation is unique; regardless of what medical documentation they may or may not have. Please contact our office to have a discussion about how DRS may be able to support you with your academic goals. There is not one type of accommodation for all students with disabilities. Each accommodation must be decided on a case-by-case basis.

Additionally, please note, once accommodations are established, they are applied proactively rather than retroactively, so planning ahead is very important.

Please contact the DRS Office if you have further questions or would like to set up an appointment to meet with DRS staff.

Thank you.

Disability Resources for Students  
(PH) 253-589-5767  
Office: Building 17, Room 103  
[disabilityresources@cptc.edu](mailto:disabilityresources@cptc.edu)  
4500 Steilacoom Blvd. SW  
Lakewood, WA 98499-4004

*Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, [james.neblett@cptc.edu](mailto:james.neblett@cptc.edu); or Section 504/disability coordinator Melissa Medina, Manager of Student Disability Services, 253-589-5755, [melissa.medina@cptc.edu](mailto:melissa.medina@cptc.edu). All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.*

## Learning in the post-secondary (college) environment

**80/20; 20/80 Rule** This is one of the most important concepts students must grasp about the collegiate learning environment.

***The 80/20 rule (How learning happens in High School)*** This rule says that practically all (or 80%) of the information students needed to know to be successful on their exams came from their teacher. The teacher dispensed this information via classroom lessons, then reinforced it through homework assignments and perhaps further by reviewing homework assignments during classes and in test study guides.

This has conditioned students to view the teacher as *the* primary agent of test preparation. The conditioning process of their high school environment has trained them to believe that if they pay close attention in class, record all things that the teacher writes on the board, memorize what is handed out - they will be successful. That is the 80% or the majority of their learning. The 20% consists of a brief review a day or so before tests or information in the text.

**This is NOT how learning happens in college.**

***The 20/80 Rule (how learning happens in college)*** In college, students must **reverse the 80/20 rule** and begin operating according to a **20/80 rule**. This means they should consider the information the professor provides in class via lectures and study guides as roughly 20% of the content needed to be successful on exams or projects. They must generate the other 80% by synthesizing, grounding, and expounding upon the class information. This work is done outside of class. This means to students, that success in class has significantly more to do with their reading outside of class and how they explore the material.

### **Daily Implications**

The 20% the professor provides is incredibly important, but it is insufficient for test preparation. Unlike the pre-college teacher, the college professor sees his/her role as that of a guide. Therefore, she does not expect to provide students information to pass tests. She expects to guide students as *they* explore and learn the content.

It's not about working harder, it's about working smarter and interacting with the material presented, rather than simply memorizing it. Students need to keep the learning outcomes (usually in the syllabus) in mind while they study, understand and analyze information rather than simply memorize it. While the student is doing the reading, studying and writing - they need to be asking themselves:

- What do I know
- What must I know
- How do I get to what I need to know
- What strategies will get me to what I need to know
- What's the quickest and surest way of getting there

## Differences between High School and College Accommodations for Students with Disabilities

### Applicable Laws

| HIGH SCHOOL  | COLLEGE  |
|--|--|
| I.D.E.A. (Individuals with Disabilities Education Act) | A.D.A. (Americans with Disabilities Act of 1990)   |
| Section 504, Subpart D, Rehabilitation Act of 1973     | Section 504, Subpart E, Rehabilitation Act of 1973 |
| I.D.E.A. is about SUCCESS                              | A.D.A. is about ACCESS                             |

### Required Documentation

| HIGH SCHOOL   | COLLEGE   |
|---|---|
| I.E.P. (Individualized Education Plan and/or 504 Plan)  | High School I.E.P. and 504 are not sufficient. Documentation guidelines specify information needed for each category of disability. |
| School provides evaluation at no cost to student  | Student must get evaluation at own expense  |
| Documentation focuses on determining whether student is eligible for services based on specific disability categories in I.D.E.A. | Documentation must provide information on specific functional limitations, and demonstrate the need for specific accommodations     |

### Self-Advocacy

| HIGH SCHOOL  | COLLEGE   |
|--|---|
| Student is identified by the school and is supported by parents and teachers | Student must self-identify to the Office of Disability Services   |
| Primary responsibility for arranging accommodations belongs to the school    | Primary responsibility for self-advocacy and arranging accommodations belongs to the student            |
| Teachers approach you if they believe you need assistance                    | Professors are usually open and helpful, but most expect you to initiate contact if you need assistance |

### Parental Role

| HIGH SCHOOL   | COLLEGE  |
|---|--|
| Parent has access to student records and can participate in the accommodation process | Parent does not have access to student records without student's written consent |
| Parent advocates for student  | Student advocates for self   |

## Instruction

| <b>HIGH SCHOOL</b>  | <b>COLLEGE</b>   |
|---|--|
| Teachers may modify curriculum and/or alter pace of assignments                                   | Professors are not required to modify curriculum design or alter assignment deadlines                    |
| You are expected to read short assignments that are then discussed, and often re-taught, in class | You are assigned substantial amounts of reading and writing which may not be directly addressed in class |
| You seldom need to read anything more than once, and sometimes listening in class is enough       | You need to review class notes and text material regularly   |

## Grades and Tests

| <b>HIGH SCHOOL</b>   | <b>COLLEGE</b>   |
|--|--|
| I.E.P. or 504 plan may include modifications to test format and/or grading | Grading and test format changes (i.e. multiple choice vs. essay) are generally not available. Accommodations to HOW tests are given (extended time, test proctors) are available when supported by disability documentation. |
| Testing is frequent and covers small amounts of material                   | Testing is usually infrequent and may be cumulative, covering large amounts of material  |
| Makeup tests are often available   | Makeup tests are seldom an option; if they are, you need to request them   |
| Teachers often take time to remind you of assignments and due dates        | Professors expect you to read, save, and consult the course syllabus (outline); the syllabus spells out exactly what is expected of you, when it is due, and how you will be graded  |

## Study Responsibilities

| <b>HIGH SCHOOL</b>   | <b>COLLEGE</b>   |
|--|--|
| Tutoring and study support may be a service provided as part of an I.E.P. or 504 plan                                | Tutoring DOES NOT fall under Disability Services. Students with disabilities must seek out tutoring resources as they are available to all students. |
| Your time and assignments are structured by others   | You manage your own time and complete assignments independently  |
| You may study outside of class as little as 0 to 2 hours a week, and this may be mostly last-minute test preparation | You need to study at least 2 to 3 hours outside of class for each hour in class  |



# Disability Resources for Students Office

## Information for DRS Students

[disabilityresources@cptc.edu](mailto:disabilityresources@cptc.edu)

253-589-5767

If approved for services:

- I understand that students who receive reasonable accommodations for disability must meet essential academic and conduct standards. CPTC's academic and conduct standards can be found online.
- I am aware that my rights and responsibilities are outlined on the DRS page on CPTC's website.
- I understand that it is my responsibility to discuss questions or concerns I have regarding accommodations with DRS in a timely manner.
- I give DRS permission to discuss this information, my accommodations, and other relevant information with faculty, advisors, administrators and/or staff to further my educational goals. I understand DRS will enter my disability status in the state ctcLink system for confidential statistical purposes.

Disability Resources for Students (DRS) keeps a record of disability documentation. DRS endeavors to ensure that disability-related documents are kept confidential and shared with college personnel on a limited and need-to-know basis only. Your information cannot be released to anyone not employed by CPTC without your signed permission on an "Authorization for Release of Information" form. There are special circumstances under which the agreement of confidentiality may be broken:

- When a student discloses possible abuse or neglect of a child or incapacitated adult.
- When a student discloses that s/he is a threat to self or others.
- When a student discloses that s/he has experienced discrimination and/or retaliation in violation of Title IX.
- When a student's records are legally subpoenaed.

My signature below denotes I have read the information provided on this form and that I understand the exceptions to confidentiality.

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

Student Name (Printed): \_\_\_\_\_

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

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

\*Student Pronoun: \_\_\_\_\_

Received (DRS Initials): \_\_\_\_\_

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

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**Clover Park Technical College  
Disability Resources for Students Office**

**Student Release of Information Authorization**

253-589-5767 / disabilityresources@cptc.edu

The office of Disability Resources for Students (DRS) at Clover Part Technical College does not release information contained in your records to family members, other people or agencies without your written concent. If you wish to give permission for another person or agency to have access to your records, please complete this form and submit it to DRS.

**(PLEASE USE ONE FORM PER PERSON OR AGENCY)**

| Student Name (Please Print Clearly) | Student ID Number |
|-------------------------------------|-------------------|
|                                     |                   |

**Release of Information - FROM Third Party TO DRS Office at CPTC**

I authorize the following person/agency to release and/or discuss the information indicated below to Disability Resources for Students (DRS) at Clover Park Technical College:

| Name of Person or Agency                             | Contact Phone Number |
|--|----------------------|
|  |                      |
| Contact Person and/or E-mail Address (if applicable) | Fax Phone Number     |
|  |                      |

- Copy(ies) of Letter of Accommodation (LOA)
- Documentation of Disability
- Other \_\_\_\_\_

**Release of Information - FROM DRS Office at CPTC TO Third Party**

I authorize Disability Resourcesfor Students (DRS) at Clover Park Technical College to release and/or discuss the information indicated below to the following person/agency:

| Name of Person or Agency       | Contact Phone Number |
|--------------------------------|----------------------|
|                                |                      |
| E-mail Address (if applicable) | Relationship         |
|                                |                      |

- Copy(ies) of Letter of Accommodation (LOA)
- Documentation of Disability
- Other \_\_\_\_\_

**My signature below authorizes this release.**


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

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



| Impact on Major Life Activities: Please check <u>all</u> that apply |      |     |        |               |            |                    |  |
|---|------|-----|--------|---------------|------------|--------------------|--|
| Activity  | Mild | Mod | Severe | Other         |            |                    |  |
| Breathing   |      |     |        | Chronic Pain  |            | Easily Fatigued    |  |
| Paying Attention  |      |     |        | Anxiety       |            | Easily Overwhelmed |  |
| Interacting   |      |     |        | Panic Attacks |            | Impulsive          |  |
| Processing  |      |     |        | Agoraphobia   |            | Easily Distracted  |  |
| Reading   |      |     |        | Other:        |            |                    |  |
| Remembering   |      |     |        |               |            |                    |  |
| Self-Care   |      |     |        |               |            |                    |  |
| Sitting   |      |     |        |               |            |                    |  |
| Standing/Walking  |      |     |        |               |            |                    |  |
| Speaking  |      |     |        |               |            |                    |  |
| Writing/Fine Motor Skills   |      |     |        |               |            |                    |  |
| Hearing   |      |     |        | db loss:      | Left _____ | Right _____        |  |
|   |      |     |        | Comments:     |            |                    |  |
| Vision  |      |     |        | Visual Acuity | Left _____ | Right _____        |  |
|   |      |     |        | Field         | Left _____ | Right _____        |  |
|   |      |     |        | Comments:     |            |                    |  |

| Please sign below as the certifying professional   |  |    |                                |     |  |
|--|--|----|--------------------------------|-----|--|
| <i>*If someone other than you determined the diagnosis, please include their information below</i> |  |    |                                |     |  |
| Printed Name of Certifying Professional  |  |    |                                |     |  |
| Title  |  |    | License #                      |     |  |
| Signature  |  |    | Date                           |     |  |
| Address  |  |    |                                |     |  |
| City   |  | ST |                                | Zip |  |
| Telephone (please include area code)   |  |    | Fax (please include area code) |     |  |
| *Diagnosis made by (if other than certifying professional please print name & title):              |  |    |                                |     |  |
| Address  |  |    |                                |     |  |
| City   |  | ST |                                | Zip |  |
| Telephone (please include area code)   |  |    | Fax (please include area code) |     |  |



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**Clover Park Technical College**  
 4500 Steilacoom Blvd SW  
 Lakewood, WA 98499-4004

Telephone  
 (253) 589-5767

Fax  
 (253) 589-5852

Email: [DisabilityResources@cptc.edu](mailto:DisabilityResources@cptc.edu)





**Disability Resources for Students Office**  
**Student Intake Information**

Program \_\_\_\_\_ Today's Date \_\_\_\_\_

|                          |  |   |
|--------------------------|--|---|
| First Name               | Middle Initial                           | Last Name   |
| CPTC Student ID #        |  | Phone (Okay to leave message? (circle one) Yes No |
| Date of Birth (mm/dd/yy) | E-mail Address<br><br>@students.cptc.edu |   |

**Disability Information**

Briefly describe any challenges or barriers you face that you feel may impact your education:

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Please list any current medication and side effects that could affect your academic success:

**Please indicate your disability/ies or health condition (s): MARK ALL THAT APPLY & include diagnosis date (if known)**

| Sensory   | Learning  | Speech or Language  |
|---|---|---|
| <input type="checkbox"/> Hard of Hearing<br><input type="checkbox"/> Deaf<br><input type="checkbox"/> Vision Loss or Blind (circle one)<br><input type="checkbox"/> Blind<br><input type="checkbox"/> Sensory Processing Issues | <input type="checkbox"/> ADHD<br><input type="checkbox"/> Specific Learning Disability<br>_____<br><input type="checkbox"/> Other<br>_____  | <input type="checkbox"/> Apraxia<br><input type="checkbox"/> Dysarthria<br><input type="checkbox"/> Aphasia<br><input type="checkbox"/> Other<br>_____  |
| Psychological/Emotional   | Mobility  | Neurological  |
| <input type="checkbox"/> Anxiety Disorder<br><input type="checkbox"/> Bipolar Disorder<br><input type="checkbox"/> Mood Disorder<br><input type="checkbox"/> Post-Traumatic Stress<br><input type="checkbox"/> Schizophrenia    | <input type="checkbox"/> Cerebral Palsy<br><input type="checkbox"/> Spinal Cord Injury<br><input type="checkbox"/> Multiple Sclerosis<br><input type="checkbox"/> Other<br>_____          | <input type="checkbox"/> Autism Spectrum<br><input type="checkbox"/> Traumatic Brain Injury<br><input type="checkbox"/> Seziure Disorder<br><input type="checkbox"/> Tourette's<br><input type="checkbox"/> Other |
| Chronic or Acute Conditions   |   | Other, please describe  |
| <input type="checkbox"/> Cancer<br><input type="checkbox"/> Fibromyalgia<br><input type="checkbox"/> Immune disorder<br><input type="checkbox"/> Arthritis  | <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Chronic Fatigue Syndrome<br><input type="checkbox"/> Cardiac/Cardiovascular<br><input type="checkbox"/> Asthma or Pulmonary | _____<br>_____<br>_____<br>_____  |

| Please mark all applicable areas that are affected by your disability/ites or health condition  |  |   |
|---|--|---|
| <input type="checkbox"/> Reading<br><input type="checkbox"/> Writing Papers<br><input type="checkbox"/> Handwriting/Fine motor skills<br><input type="checkbox"/> Computer Keyboarding<br><input type="checkbox"/> Use of computer screen<br><input type="checkbox"/> Information processing<br><input type="checkbox"/> Memory/Information recall<br><input type="checkbox"/> Reasoning<br><input type="checkbox"/> Math/Numerical logic | <input type="checkbox"/> Attention/Concentration<br><input type="checkbox"/> Organization<br><input type="checkbox"/> Sitting<br><input type="checkbox"/> Standing<br><input type="checkbox"/> Class Participation<br><input type="checkbox"/> Group participation<br><input type="checkbox"/> Emotional management<br><input type="checkbox"/> Endurance  | <input type="checkbox"/> Activity restrictions<br>(For example: heavy lifting,<br>walking, standing)<br><hr/> <input type="checkbox"/> Other<br><hr/> <input type="checkbox"/> Other<br><hr/> |
| What classroom/academic or workplace adjustments/accommodations have you had in the past?   |  |   |
| General Questions & Other Information   |  |   |
| How did you hear about Disability Resources?  |  |   |
| What is your educational goal?  |  |   |
| Are you enrolled in a specific program? If so, which one?   |  |   |
| Is there anything else you would like to make DRS aware of concerning your medical status and/or educational goals?   |  |   |
| <b>Mark all that apply to you, if any:</b><br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Active Military<br><input type="checkbox"/> Running Start<br><input type="checkbox"/> Adult Basic Education<br><input type="checkbox"/> English Language Program   | <b>Mark all that apply to you, if any:</b><br><input type="checkbox"/> Client of Division of Vocational Rehabilitation (DVR)<br><input type="checkbox"/> Client of Division of Social & Health Services (DSHS)<br><input type="checkbox"/> Client of Division of Labor & Industries (L&I)<br><input type="checkbox"/> Client of Department of Services for the Blind (DSB)<br><input type="checkbox"/> Other _____ |   |

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_