



Student Enrollment Request General Instructions

Thank you for your interest in the Center for Students with Disabilities (CSD).

Students requesting CSD enrollment are required to complete an Enrollment Request form and submit documentation from a licensed professional in order to register with the CSD. All documentation must be current. Accommodations and/or services that you received at your former high school or college/university do not automatically transfer to DePaul. The CSD will advise you of the need for any additional documentation.

The CSD recognizes that the student is also a vital source of information. A student's experience is an important tool which, when combined with CSD staff consultation may ascertain reasonable academic and/or campus life accommodations or auxiliary aids/services.

If due to the nature of your disability(s) you need assistance completing the CSD Enrollment Request process please contact the CSD via telephone, email, or in-person.

Student Instructions

1. **Complete the Student Enrollment Request form. Typing is preferred. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process. A editable PDF version is available on the CSD website: [Student Affairs > About > Departments > Center for Students with Disabilities](#).**
2. **Request your licensed professional provider to complete and submit: CSD Disability Information & Verification form OR a letter verifying your disability and subsequent needs (please refer to page B. for additional information).**
3. **If you received services in high school please submit:**
 - ✓ **Psychoeducational evaluation**
 - ✓ **Most recent complete case study or triennial evaluation report**
 - ✓ **Most recent 504/IEP plan**
4. **If you are a college/university transfer student please submit:**
 - ✓ **Former college/university service plan**
5. **Please submit all completed documents via fax, email, mail, or in-person to either campus:**

Center for Students with Disabilities
DePaul University – Lincoln Park Campus
North Sheffield Ave.
Student Center – Suite 370
Chicago, IL 60614
773.325.1677 *phone*
773.325.3720 *fax*
csd@depaul.edu

Center for Students with Disabilities
DePaul University – Loop Campus
25 East Jackson Blvd.
Lewis Center – Suite 1420
Chicago, IL 60604
312.362.8002 *phone*
312.362.6544 *fax*
csd@depaul.edu

In general, all records, information, and participation status of students will be shared only with those individuals to whom the students disclose themselves, and for whom the students have provided CSD with a release of information. Disclosure is defined as to permit access to, or to release, transfer, or to communicate personally identifiable information contained in education records to any party, by any means, including oral, written or electronic means.

Additionally, CSD may disclose information as required or permitted by law. This could include in accordance with FERPA or other laws, such as the Illinois Abused and Neglected Child Reporting Act, the Clery Act, or Title IX. Where possible, students will be informed of such disclosures prior to the disclosure being made so that the student is aware of the situation.

5.15.18



Professional Provider Disability Documentation Guidelines

Comprehensive documentation provided by the student's appropriate professional provider will assist the Center for Students with Disabilities (CSD) in determining academic accommodations and services that are reasonable, appropriate and beneficial for the student. Appropriate documentation will vary depending on the nature of a student's disability. Not all documentation will contain all of the guidelines listed below. Submitted documents are not determinative as to accommodations.

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA) and DePaul University's Compliance policy, the CSD will disclose to designated parties information from the education records of a student provided the CSD has on file written consent by the student.

For convenience, the CSD also provides a [Disability Information & Verification](#) documentation form for medical, educational, sensory, and mental health providers. The student can provide you with this form upon your request.

Important Note: If you will require the student to complete an additional release form in order to release documents or information, please make sure that the consent for disclosure is broadly worded to allow for release to "DePaul University" for the purpose of "participation in educational programs at the university." Please include a copy of this signed release form with any documentation provided.

Documentation Should Include:

1. **A diagnostic statement identifying the disability:** Include ICD or DSM diagnostic codes, the date of the most recent evaluation, or the dates of evaluations performed by referring professionals.
2. **The expected progression or stability of the described diagnosis over time:** Provide an estimate of the impact of the disability over time. Include the predicted need for future reevaluation.
3. **Current functional impact of the disability:** Describe the current functional impact on physical (including mobility, dexterity, and endurance), perceptual, cognitive (including attention, distractibility and communication), and behavioral abilities. Include severity, information on variability over time and potential environmental or circumstantial triggers.
4. **Treatments, medications, accommodations, assistive devices currently prescribed or in use:** Describe treatments, medications, assistive devices, and/or accommodations currently used. Include the estimated effectiveness in ameliorating the impact of the disability. Include any significant side effects that may impact physical, perceptual, behavioral or cognitive performance.
5. **Emergency Protocols:** Provide succinct emergency directives if the student is known to have life-threatening allergies or neurological anomalies. Specify all allergens and environmental triggers.
6. **Additional information:** Provide any additional relevant documentation.

**Enrollment Request
(To be completed by student)**

Student Name: _____

Academic Information:

Current student status: Freshman Sophomore Junior Senior Graduate Student

Current enrollment status: Part-time Full-time Transfer student

Starting quarter at DePaul: Fall Winter Spring Summer Year: _____

Expected date of graduation: Fall Winter Spring Summer Year: _____

Major: _____ College/School: _____ I am undecided

Are you transferring from another college or university? Yes No

If yes, transferring from: _____

If you received services from your former college or university please submit your accommodation plan.

Disability Information:

Please list your diagnosed disability(s):

Please explain how the disability(s) impacts your life functioning and learning:

**Enrollment Request
 (To be completed by student)**

Student Name: _____

Please list the accommodations and/or services that you are requesting and the reason for your request.

Accommodation/Service Request	Reason

Student Information:

I feel comfortable describing the nature of my disability:

Not at all Comfortable 1	Slightly Uncomfortable 2	Somewhat Comfortable 3	Mostly Comfortable 4	Very Comfortable 5
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I feel comfortable explaining how my disability impacts my daily life:

Not at all Comfortable 1	Slightly Uncomfortable 2	Somewhat Comfortable 3	Mostly Comfortable 4	Very Comfortable 5
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I feel comfortable advocating for myself about the accommodations I need to be successful:

Not at all Comfortable 1	Slightly Uncomfortable 2	Somewhat Comfortable 3	Mostly Comfortable 4	Very Comfortable 5
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**Enrollment Request
(To be completed by student)**

Student Name: _____

How did you learn about the CSD?

- DePaul website DePaul orientation DePaul brochure DePaul student
- Family member Physician Friend High school staff member
- Therapist/counselor Other (specify) _____

Why did you decide to attend DePaul University?

Is there any additional information that you would like the CSD to know?

I certify that the above information is complete and accurate to the best of my knowledge. I understand that the CSD staff will review my enrollment request when sufficient documentation has been received. I also understand that I will be required to attend an enrollment meeting to finalize my enrollment with the CSD.

Student signature

Printed name

Date