

**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**

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

**An eligibility/diagnostic statement** includes the nature of the disability and the:

- Date of original eligibility into the system
- Most recent reevaluation date, and
- Current area(s) of concern

**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 the diagnostic test(s), criteria and/or process(es) used for the determination of the disability. 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 includes:

- Formal/informal diagnostic assessments,
- Recent reevaluation results, and/or
- Performance levels with/without accommodations

**4) Current Functional Impact**

The current functional impact of the disability is most helpful in describing either explicitly or through provision of specific diagnostic results how the student functions within the academic setting. Include current levels of function, goals, rate of progress, modifications, and accommodations. In addition, provide any information that describes the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact academic performance, and the applicability of the information to the current context of the request for accommodations at the post secondary level. Current functional impact focuses on:

- Perceptual,
- Cognitive,
- Behavioral and/or
- Physical abilities

***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**

Depending on the impact of the condition on the individual, a history of accommodations implemented and perceived effectiveness in managing and/or minimizing the impact of the disability should be provided. For individuals graduating from high school, a record of accommodations used during eighth through twelfth grade provides a more complete picture of the student's experiences. It also provides an opportunity for the student to engage in reflection and self-determination

**8) Suggested Accommodations**

Depending on the functional impact of the condition on the individual, include a listing of suggestions for accommodations and supports that may be beneficial in providing full access as the student transitions.

**Recommendations may include:**

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

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

Recommendations from professionals with a history of working with the individual provide valuable information for the review process. They will be included in the evaluation of requests for accommodation and/or auxiliary aids. Where such 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 they may be used to suggest potential referrals to area service providers beyond the (College/University)

**9) 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.

**10) Authorization of Release**

The student should be involved in this process and document his/her authorization for the release of the information for the purpose of evaluating eligibility and accommodation requests by signing and dating the release.

**11) 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 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:**

- + 9<sup>th</sup> Grade:
- + 10<sup>th</sup> Grade:
- + 11<sup>th</sup> Grade:
- + 12<sup>th</sup> 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**

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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.

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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.)**

**EVALUATION:** For: <http://ahead.org/survey/iowa/dss/dss.php>  
For: <http://ahead.org/survey/iowa/secondary/secondaryprov.php>

Username: IowaPostsecondary  
Username: IowaSecondary

Password: SARpse  
Password SARse