Services for Students With Disabilities

Academic Advising/Disabilities Liaison Unit (AADLU)
St. Augustine
The Academic Advising/Disabilities Liaison Unit (AADLU) plays an important role in ensuring that you receive equal access and opportunities to participate in all university programmes, services and activities during your time at The University of the West Indies, St. Augustine Campus.

Makes referrals to campus service providers …

- Housing
- Health services
- Food service
- Transportation

Coordinates academic accommodations:

- Note taking
- Volunteer readers and writers
- Books on tape
- Assessment and modification
- Computer facilities
- Extra exam time
- Special advising
- Permission to tape lectures
- Tutor referral
- Strategic scheduling of classes
- Preferential classroom seating
- Early registration
- Orientation to using disability Service

**Instructions**

To request support services related to a physical or learning disability, we ask that you complete and return the forms listed below by the second week of each semester. Support services will not be considered without this documentation.

**(Form A) - Request for Disability Service**

Complete this form and return it immediately to AADLU. This will place you on appropriate mailing lists for further information.

**(Form B) - Student Needs Assessment**

To be completed with a qualified experienced service provider (teacher, physician, or other professional) who best understands your needs. The Student Needs Assessment will provide valuable information to assist us in determining appropriate accommodations.

**(Form C) - Statement of Disability**

To be completed by a professional with experience in the area of disabilities, such as your physician, qualified psychologist or learning specialist who diagnosed your disability.
REQUEST FOR DISABILITY SERVICES

This request will inform the AADLU that you may have special needs that require accommodations.

Please complete immediately. In order to qualify for services, all paperwork must be received by:

The University of the West Indies
Academic Advising/Disabilities Liaison Unit (AADLU)
Quadrangle,
St. Augustine Campus
Trinidad, West Indies

Student Name _______________________________________________________
Home Address _______________________________________________________
Home Phone: (     ) ________________ E-mail address _______________________
Faculty/Major ______________________________________________________

Please respond to the following:

1) I will complete the Student Needs Assessment Form [Form B] with the following professional. I understand that it is my responsibility to ensure that this form is completed and returned to AADLU.

   Name: ___________________________________________________________
   Address: _________________________________________________________
   _________________________________________________________________
   Phone #: _________________________________________________________

2) I have provided the Statement of Disability [Form C] to the following professional. I understand that it is my responsibility to ensure that this form is completed and returned to the AADLU within the first three weeks of each semester.

   Name: ___________________________________________________________
   Address: _________________________________________________________
   Phone #: _________________________________________________________
FORM B

STUDENT NEEDS ASSESSMENT

To be completed by the Student

I give permission to ___________________________ to release information regarding (Professional’s Name) my disability to the AADLU, The University of the West Indies.

Student Name: _________________________________________________________ (Please print)

Student Signature: _____________________________ Date: _____________________

To be completed with a qualified experienced service provider (teacher, physician, or other professional) who best understands your needs. This Student Needs Assessment will provide valuable information to assist us in determining appropriate accommodations.

Student Name: _______________________________________________________________

Student ID#: ________________________________________________________________

Address: ___________________________________________________________________

___________________________________________________________________________ Phone #: (   ) ________________________

Consulting Professional: _______________________________________________________

Position: ___________________________________________________________________

Address: ___________________________________________________________________

___________________________________________________________________________ Phone #: (   ) ________________________
Instructions to Consulting Professional:

Please describe the services previously provided for this individual’s disability:

Accommodations

What type of disability-related accommodations do you anticipate may be needed to provide reasonable access for the student in a university environment? Noting items on this list does not necessarily guarantee their approval. Final determination will be approved by the Academic Advising/Disabilities Liaison Unit (AADLU).

**Academic:**

- □ Testing modifications
  Explain need:

- □ Other
  Explain need:

**Food Service:**

- □ Medically prescribed/modified diet
  Explain need:

- □ Other
  Explain need:

**Health Services:**

- □ Monitoring medication/treatment
  Explain need:

- □ Other
  Explain need
Resident Halls/Apartments:

☐ Handicapped modified room/floor
   Explain need:

☐ Special Lifestyle Floor Options
   Explain need

Transportation:

☐ Other
   Explain need
TO BE COMPLETED BY PHYSICIAN/QUALIFIED PROFESSIONAL

STATEMENT OF DISABILITY

To be completed by the Student

I give permission to ___________________________ to release information regarding my disability to the AADLU, The University of the West Indies.

Student Name: ________________________________________________________________
(Please print)

Student Signature: _____________________________ Date: _____________________

To be completed by a professional in the field of disabilities, such as a physician, qualified psychologist or learning specialist who diagnosed your condition. Provision of support services will not be considered without this documentation

Student Name: ________________________________________________________________

Student ID#: ________________________________________________________________

Address: ___________________________________________________________________

___________________________________________ Phone #: (   ) ________________________
Instructions to Professional

In order to initiate support services for the student named above, we need the following items from you:

1. **On your professional letterhead**, provide the following information:
   - Your qualifications
   - Recency of testing with name of disability
   - Clinical documentation necessary to substantiate the disability, including:
     a) Copies of recent relevant assessment tools;
     b) Evidence to support recommendation for accommodation;
     c) Name, address and phone number of professional certifying the disability;
     d) Your signature or stamp.

2. **The present problem(s)**

   Diagnostic results of previous assessments (if available)
   Developmental, medical, psychosocial and employment histories
   Family history of disability or other related problem
   Academic history with previous accommodation and auxiliary aids and conditions under which they were used.
   Co-morbid diagnosis (if applicable).

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Return this form, your letterhead and copies of relevant assessment material under confidential seal to:

**The University of the West Indies**
Academic Advising/Disabilities Liaison Unit (AADLU)
Quadrangle,
St. Augustine Campus
Trinidad, West Indies