



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO

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.

FORM A

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 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 #: _____

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
(Professional's Name)
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).

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