

Request for Academic Accommodations Pregnancy Form

Non-Discrimination of Students based on Pregnancy, Childbirth and Related Conditions

Northeast Community College prohibits discrimination on the basis of sex in its educational programs and activities, in compliance with Title IX of the Education Amendments Act of 1972 ("Title IX"). Title IX prohibits discrimination on the basis of sex—including pregnancy and related conditions—in educational programs and activities that are eligible for federal funding.

Students with disabilities or those who are pregnant are encouraged to contact the Disability Services (DS) office for a confidential discussion of their individual needs for academic accommodation. Northeast DS helps developed a flexible and individualized reasonable accommodation and academic support plan. To receive accommodation services for pregnancy, students must work with the Director of Disability Services (DDS).

A complication due to pregnancy may be a disability if the impairment is not a normal condition of pregnancy and a Major life activity is affected. For example, a woman on bed rest under orders from her physician is disabled under the ADA. The U.S. Department of Education regulations 34 C.F.R. Section 106.40(b) concerning pregnancy and related conditions states:

"A recipient shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's pregnancy, childbirth, false pregnancy, and termination of pregnancy or recovery therefrom, unless the student requests voluntarily to participate in a separate portion of the program or activity of the recipient."

Student's responsibility is to complete the following steps:

- Request Assistance due to pregnancy by contacting the DDS within one week of receiving notification of rights
- Review Title IX brochure with DDS during the initial meeting whether by phone or in person
- Complete Request for Accommodation due to pregnancy form and return to the DDS within one week.
- Give to Health Care Provider Medical Verification form to complete (pg. 3 and 4 of this attachment) along with a copy of your class schedule for the semester.
- Health Care Provider submits documentation directly to DS within two weeks of receipt unless another period of time has been determined appropriate.
- Meet with the DDS to develop an accommodation plan that will include input from faculty and Deans.
- Accommodation plan emailed to instructors and Dean of the program area to determine how to implement the accommodations.
- Communicate with Financial Aid office of your pregnancy and your accommodation plans when needed.
- Maintain regular contact with DDS. Notify DDS and instructors providing notification of changes.

Name: _____
(Last) (First) (Middle Initial)

Student College ID # _____ Date of Birth: _____ Referred by: _____

Local Address: _____
City State Zip

Local/Cell Telephone #: _____ Home phone # _____

E-Mail address: _____

Year in college: Freshman Sophomore Other _____
 Norfolk campus College/Education Center _____ Distant Learning _____

Program of Study: _____ Advisor _____ Credit hours? _____

Health: Pregnant-Due Date: _____ Delivered already-date: _____

Other diagnosed health conditions: _____

Do you have a "high risk" pregnancy category? YES NO

Explain: _____

How might your pregnancy affect attending and or participating in college courses, activities and services offered by the college? _____

Consideration for planning: Stopping attendance is defined as not actively participating in a course for 14 consecutive calendar days. Stopping attendance does not cancel tuition charges or prevent the course and grade from appearing on the student's academic record. Students who have stopped attending a course and fail to officially drop the course will be assigned a "UF" (Unearned "F") grade.

Please select the accommodations you believe you may need:

Excused Absence--Exception to attendance policy when absences may extend beyond one week.
Adjustment to due dates for assignments and exams without penalty
Specialized seating _____
Temporary disability parking

Copies of notes/PowerPoints
Limited exposure to chemicals
No lifting over _____pounds
Frequent breaks to walk around
Speech to text software
Textbooks in electronic format

Permission to leave class to attend to medical needs
Permission to eat/drink in class
Testing accommodations such as extended time for exams/quizzes
No prolonged standing
Excused for tardiness

Additional Accommodations: _____

It is important to note that a change in accommodations may occur due to the progression of the pregnancy. Requests for different accommodations may require that you submit additional documentation justifying/verifying the adjustment.

Please read and initial your understanding of your responsibilities and next steps:

____ You were provided with a brochure explaining your rights as it relates to Title IX pregnancy/parenting issues.

____ You are responsible for providing documentation regarding your pregnancy and related conditions. You will request documentation be sent to DS from _____ Failure to provide appropriate medical documentation may result in no accommodations/adjustments being provided.

____ Please understand all information regarding your medical condition is kept confidential and information will be shared only on a "need to know" basis. Prior to sharing information, you are informed. Documentation is retained in locked files in DS Office. Please acknowledge you understand you are responsible for obtaining copies of **medical documentation from your health care provider if you want a copy for your personal records. DS does not provide copies of medical documentation to you or release to any other party even with a signed release. You must obtain from the documentation source. You may review medical information with the DDS.**

____ Once appropriate medical documentation has been provided, an Accommodation/Academic Support plan will be developed. This may include adjustments to due dates for assignments, quizzes and exams if needed and or adjustments and or accommodations for course requirements/program requirements that will allow completing courses and or your program. The plan typically includes input from Deans of program areas, faculty, you and the DDS. This is an action plan for the semester.

Other accommodations/academic supports not related to course work will be determined and communicated to those who need to know. For example, if you are a recipient of financial aid, then the Director of Financial Aid is informed that you are a student protected by Title IX laws. **Please communicate with the Financial aid Director directly of any changes** to include dropping/adding classes and or a need to be absent from classes for at least two weeks.

____ You understand that good communication with DDS includes letting it be known if you have concerns about being able to complete your course(s) with success. We can discuss challenges you face; your study skills & study habits; your knowledge of and usage of academic supports to include use of technology; we can provide training on computer technology; we can provide academic advisement and assistance with registering for classes, taking into consideration impact pregnancy & pregnancy related issues might have on class participation. Ongoing communication about your accommodations/academic support plan is important so adjustments can be made if needed due to changes in your pregnancy and related medical condition.

____ You are responsible for notifying the instructor and DDS if accommodations from the plan are not implemented and are not effective.

____ Self-advocacy-ability to effectively communicate needs and rights; make informed decisions and take responsibility for those decisions is important skill to develop. Disability Services Policy and Procedures:

<http://www.northeast.edu/About-Us/pdfs/Policies/AP52600.pdf>

____ You authorize DDS or DS staff to provide verification you have need for accommodations and adjustments to faculty, Deans, and professional staff at Northeast when necessary to clarify and substantiate a need for specific pregnancy related accommodations. You authorize DS staff to communicate with faculty, staff and Deans regarding attendance, course participation and grades.

____ **You authorized DS staff to communicate with you via emails, text messages and other electronic means.**

____ Your primary DS contact person is Mary Balaski

Signature: _____ Date: _____

Guidance for obtaining information from Health Care Provider

Provide to your health care provider pages three and four of this form.

Provide to your health care provider along with pages three and four a copy of your concise student schedule you can print from your Northeast account.

Sign a release with your health care provider so the requested medical information can be sent to Disability Services.

- Documentation must include a "due date" or delivery date and specify any other dates for which it was medical necessary for absences or not participating
- Students who must be absent from course participation and or attendance, must provide a statement from the Doctor that includes the reason and it was medically necessary to be absent and the duration of time it was medically necessary. Routine appointments typically not considered as medically necessary.

Medical Verification Form-Doctor to complete
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To comply with Title IX regulations, documentation regarding pregnancy and related medical conditions is requested to aid in the determination of appropriate academic services and accommodations, and in the development of an academic plan for success *if needed*, which may require adjustments to attendance policies set forth by individual faculty. Students who must be absent from course participation and or attendance, must provide a statement from the Doctor that includes the reason and that it was medically necessary to be absent and the duration of time it was medically necessary.

Medical information is kept confidential and is not a part of the student's academic record. Please feel free to contact the Disability Services office with any questions or concerns you might have regarding requested information. **Only complete information applicable to the student's current condition and circumstances.**

Student's Name: _____ **Program of Study at College:** _____

Diagnosis/Pregnancy/ to include other medical conditions: _____

Date of Diagnosis: _____ Due Date/Date of Delivery: _____ Last date of contact: _____

Does this pregnancy fall into the "high risk" pregnancy category? YES NO
Explain: _____

What considerations should be given for her circumstances: _____?

Semester Dates _____.

The student will provide a copy of the semester's schedule of classes for you to review as you answer the following questions. Student success is tied to class attendance; therefore, students are encouraged to make appointments around their class schedules. Typically, with advance planning, it is not considered medically necessary for students to be absent for routine medical appointments.

Is it medically necessary or has it been medically necessary for the student to be absent from course participation and or attendance? _____ Dates is has been or will be medically necessary for her to be absent: _____ Please explain: _____

If the student is taking classes online for this semester and can complete all coursework where there is computer access, please provide justification for any period of time during pregnancy, you have or will deem it medically necessary for the student NOT participate in online course work:

Please check any the following for which the student's diagnosed conditions and or pregnancy may affect attending classes, participating in classes, fulfilling all course and program requirements and or living on campus/participating in campus sponsored activities:

Seeing Hearing Breathing Learning Speaking Reading Concentrating Memory
Interacting with others, Communicating Manual tasks/mobility Anxiety Completing task
Interpersonal/Social Skills-Working in groups Stamina physical/emotional/fatigue _____

Circle any of the following systems affecting student's current functioning: normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, immune system; and reproductive system. Other: _____

If the student has restrictions in the following areas, please indicate with what frequency the student can engage in the activities:

_____ Sitting _____ Standing _____ Walking _____ Bending _____ Climbing _____ Reaching
_____ Squatting/Stooping _____ Crawling _____ Kneeling _____ No Restriction

Lifting restrictions if any: ___ Up to 10 lbs. ___ 10 lbs. to 25 lbs ___ 25. Lbs. to 50 lbs. ___ Over 50 lbs.

Lists current medications and adverse side effects the student may experience: _____

List any medical treatment or psychological support student receives to manage other diagnosed health conditions: _____

Please select recommended accommodations now and for the remainder of her pregnancy:

- | | | |
|--|--|---|
| <input type="radio"/> Excused Absence | <input type="radio"/> Limited exposure to chemicals | <input type="radio"/> Permission to eat/drink in class |
| <input type="radio"/> Adjustments to due days of course work | <input type="radio"/> No lifting over ten pounds | <input type="radio"/> Avoid temperature extremes |
| <input type="radio"/> Separate table and chair | <input type="radio"/> Frequent breaks to walk around | <input type="radio"/> No prolonged standing |
| <input type="radio"/> Temporary disability parking | <input type="radio"/> Permission to leave class suddenly | <input type="radio"/> Excused for tardiness |
| <input type="radio"/> Frequent bathroom breaks | | <input type="radio"/> Adjustments to Residential life policy/contract |

Other: _____

Justification for recommended accommodations: _____

If the student's program of study involves lab/clinical experiences (student will provide physical demands information), please specify concerns or restrictions needing to be considered for accommodations?

Please describe any additional concerns you have regarding the student successfully completing courses/program of study/participating in campus life activities for the semester.

Physician Signature: _____ **Date:** _____

Printed Name and Title: _____

Address: _____

Email: _____

Phone: () _____ Fax: _____

Please fax or email this form directly to

Mary Balaski at Disability Services at Northeast Community College

Disability@northeast.edu Fax 402-844-7412 Phone: 402-844-7343

The student will provide listing of courses for the semester-if not please ask the student to provide for you.

Did you receive a copy of the student's class schedule? Yes _____ No _____