

Title IX Pregnancy Student To Do Checklist

	Students' Responsibilities & To Do List Includes:	Date completed
1.	Request Assistance due to pregnancy by contacting the Director of Disability Services (DDS) a. schedule an appointment with the DDS, Mary Balaski, within one week of notification of your rights and responsibilities. 1. You may reach Mary Balaski by calling 402-844-7343 or emailing her at mary@northeast.edu	
2.	Review "Title IX know your rights" brochure with DDS, and ask for the <i>Request for Accommodation Pregnancy form</i> and the <i>Health Care Provider Medical Verification Form</i> from DDS within one week of receiving notification of your rights and responsibilities.	
3.	Meet with the DDS, complete the <i>Request for Accommodation Pregnancy form</i>, have a brief discussion, sign the form and discuss next steps. a. If unable to meet personally with the DDS, you will receive the form electronically to complete and return with signature within three working days and then have a telephone conversation with DDS to discuss next steps.	
4.	Provide the Health Care Provider Medical Verification form to your Health Care provider to complete and have the form returned within two weeks. a. If there is a need for immediate accommodations, have your Health Care Provide complete the form within two working days and fax it back to DDS at 402-844-7412. The DDS will contact you within five working days to schedule time to meet to develop a <i>Temporary Accommodation and Academic Support Plan</i> . (See step 6.) b. Medical documentation is retained in disability services and is kept confidential not subject to being released to another party.	
5.	Contact the Director of Financial Aid, Stacy Diekman, at 402-844-7288 or stacyd@northeast.edu if you make any changes in your course load a. If there is a change in your status as a full-time to part-time student b. If you are going to be or could be absent from classes more than one week c. If you need to take an incomplete for the course. Communicate any changes in your schedule with the financial aid office due to Federal Law Guidelines the College must follow.	
6.	Engage in a discussion with the DDS regarding appropriate accommodations related to course requirements and course delivery. a. Planning includes a review of recommendations from your healthcare provider, course requirements and delivery, and your requested accommodations. b. The DDS and you will have a conversation and develop <i>A Temporary Accommodation and Academic Support Plan</i>. 1. This plan includes input from you, DDS, faculty, and Deans. 2. If the <i>Plan</i> is sent to you via email, you will sign and return it to DDS within three days 3. Failure to return the <i>Plan</i> may result in a delay of implementing accommodations. 4. Accommodations do not have to be retroactive.	
7.	Update the DDS regularly a. Regarding your pregnancy and related condition(s), when you deliver, and through the recovery period providing written documentation from your physician specifying dates that it is medically necessary for you to be absent from classes and with the date you are released to resume course participation. If there are any restrictions, this should be communicated also.	
8.	Communicate a need for any adjustments in your <i>Temporary Accommodation and Academic Adjustment Plan</i>. Failure to follow Title IX accommodation procedures for pregnancy and pregnancy related issues subjects you to procedures and policies set forth by instructors, program directors and Deans for your program of study and coursework. a. Typically, procedures and policies are located in the student handbook, in course syllabus, and other written instructions provided to you, specific to your program. b. Failure to follow through with any of the above steps, may be received as your indirect statement that you do not wish to receive any accommodations or adjustments and are opting to abide by all procedures and policies set forth for students without need for temporary accommodations and supports. 2018	
9.	Lactation considerations	

Student Signature

Date

Director of Disability Services Signature

Date