



## Academic Support Center

Dear Student:

Thank you for contacting the Academic Support Center and for your interest in disclosing a disability at Moravian College. The Academic Support Center is responsible for ensuring that students with documented disabilities receive their approved accommodations and have the ability to fully participate in the College's course and extra-curricular offerings.

In this packet, we have included the necessary paperwork for disclosing a disability. In this packet, you will find: the disclosure process checklist, documentation criteria to support the request for accommodations, and a disability disclosure form. The disability disclosure form and documentation are the only pieces of paperwork that must be submitted for review; the checklist and documentation criteria sheets are yours to keep.

Once we receive the completed disclosure form and documentation, we will review the provided information and will contact you via e-mail to confirm receipt of documentation and to notify you that the documentation review process is completed and that you either need to submit additional documentation (and I will let you know exactly what I need) or that your next step is to contact the Academic Support Center to schedule an appointment with me. At this appointment, we will discuss the accommodations you have requested and will put an accommodation plan in place for you for your time at Moravian College.

Please don't hesitate to contact me if you should have any questions, comments, or concerns. I look forward to meeting you and working with you in the future.

Sincerely,

A handwritten signature in cursive script that reads "Laurie M. Roth".

Laurie M. Roth, M.Ed.  
Director of Academic & Disability Support



# Disclosure Process for Students with Disabilities

---

Moravian College requires students with documented disabilities to self-disclose their disabilities to the College in order to receive academic and other accommodations. Below is the process for disclosing and is provided in checklist form so students can track where they are in the process of disclosing a disability to the Assistant Director of Academic & Disability Support. Questions regarding the disclosure process should be directed to Ms. Laurie Roth by calling 610-861-1401 or e-mailing [rothl@moravian.edu](mailto:rothl@moravian.edu).

Step	Task	Date Completed
1	<b>Inquire about services for students with disabilities:</b> <ul style="list-style-type: none"> <li>• Call the Academic Support Center <b>OR</b></li> <li>• Browse the Academic Support Center webpage.</li> </ul>	
2	<b>Submit Documentation:</b> <ul style="list-style-type: none"> <li>• Submit the Disclosure Form.</li> <li>• Mail, e-mail, or fax supporting documentation  <b>Mail:</b> ATTN: Academic Support Center            1200 Main Street            Bethlehem, PA 18018  <b>Fax:</b> 610-625-7877  <b>E-Mail:</b> <a href="mailto:disabilitysupport@moravian.edu">disabilitysupport@moravian.edu</a></li> </ul>	
3	<b>Documentation Receipt and Review:</b> <ul style="list-style-type: none"> <li>• Staff will receive and review disability documentation to determine whether the information provided is sufficient for disclosure.</li> <li>• Staff will contact student to schedule an appointment or ask for additional documentation.</li> </ul>	
4	<b>Disability Support Intake:</b> <ul style="list-style-type: none"> <li>• Student (and parent, guardian, etc. if requested by student) will meet and discuss necessary accommodations and services available at Moravian College.</li> <li>• The agreed upon accommodations will be included in a letter of accommodation for the student to deliver to his/her faculty.</li> </ul>	
5	<b>Use of Services:</b> Students will follow established procedures for utilizing academic and other accommodations while enrolled at Moravian College.	
<b>Notes, Questions, Comments:</b>		



## **Academic Support Center**

### **Disclosing a Sensory, Medical, Mental Health, or Physical Disability**

Students with sensory, medical, mental health, or physical disabilities must provide a letter from a diagnosing and/or treating physician to verify the existence of a disability.

The following are the required pieces of information to be included in the documentation:

- Diagnosis and methodology used to diagnose the condition.
- How long the individual has had such condition.
- How long the condition is expected to last.
- Treatment(s) are used to manage the condition.
- The condition un-medicated vs. medicated (if applicable).
- Accommodations and/or interventions that would facilitate access to the college experience and a rationale for each request.

The letter must also:

- Include the credentials of the evaluator, including area of expertise (if applicable).
- Be printed on official office letterhead.
- Signed, dated, and otherwise legible.

Documentation must be submitted with a Disability Disclosure Form to the Director of Academic & Disability Support prior to any accommodations being implemented.

Documentation can be submitted via USPS, Fax, E-mail, or dropped off at the Academic Support Center.

**Mailing Address**

Academic Support Center  
1200 Main Street  
Bethlehem, PA 18018

**Fax**

Attn: Laurie Roth  
610-625-7877

**E-Mail**

[disabilitysupport@moravian.edu](mailto:disabilitysupport@moravian.edu)

If you have any questions regarding documentation of disabilities or services provided to students with disabilities at Moravian College, please contact the Academic Support Center at 610-861-1401. Thank you.



## **Academic Support Center**

### **Disclosing a Learning Disability or Attention Deficit Disorder/ADHD**

Students with Learning Disabilities and/or Attention Deficit Disorder/ADHD must provide the following information:

- The most recent Individualized Education Plan (IEP) and most recent psychoeducational evaluation
- The most recent Section 504 Plan and most recent related psychoeducational evaluation
- The Summary of Performance (SOP) and most recent psychoeducational evaluation

For students diagnosed with Attention Deficit Disorder (ADD/ADHD) after the conclusion of high school, a letter from a diagnosing healthcare provider is required.

The following are the required pieces of information to be included in the documentation:

- Diagnosis and methodology used to diagnose the condition
- How long the individual has had such condition
- How long the condition is expected to last
- Treatment(s) are used to manage the condition
- The condition un-medicated vs. medicated (if applicable)
- Accommodations and/or interventions that would facilitate access to the college experience and a rationale for each request

The letter must also:

- Include the credentials of the evaluator, including area of expertise (if applicable)
- Be printed on official office letterhead
- Signed, dated, and otherwise legible

Documentation must be submitted with a disability disclosure form to the Director of Academic & Disability Support for review prior to any accommodations being implemented.

Documentation can be submitted via USPS, Fax, E-mail, or dropped off at the Academic Support Center.

**Mailing Address**

Academic Support Center  
1200 Main Street  
Bethlehem, PA 18018

**Fax**

Attn: Laurie M. Roth  
610-625-7877

**E-Mail**

[disabilitysupport@moravian.edu](mailto:disabilitysupport@moravian.edu)

# Disclose a Disability

If you are a student with a disability, you have the option of submitting this form along with documentation of your disability in order to receive accommodations under the Americans with Disabilities Amendments Act (ADAAA) and Section 504 of the Rehabilitation Act of 1973. Please submit this form along with disability documentation for review.

## DEMOGRAPHIC INFORMATION

Name \_\_\_\_\_ Moravian ID# \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 College/Local Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Class Status     Freshman     Sophomore     Junior     Senior     Graduate  
 Are you a transfer?     Yes (from where?) \_\_\_\_\_     No

## COMMUNICATION PREFERENCES

May we leave a message on your:     Home Phone     Cell     Other  
 How do you prefer to be contacted     Home Phone     Cell     E-Mail  
 Primary Language     English     Spanish     Other

## DISABILITY INFORMATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Physical Disability (ambulatory)
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Physical Disability (wheelchair)
<input type="checkbox"/> Autism/Asperger's Syndrome	<input type="checkbox"/> Psychological/Psychiatric Disorder
<input type="checkbox"/> Health Impairment	<input type="checkbox"/> Vision Impairment/Blindness
<input type="checkbox"/> Hearing Impairment/Deafness	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Learning Disability	

**Briefly explain how your disability impacts your ability to access college life (academics, events, etc.)**

### Which of the following accommodations have you used in the past?

Classroom	Testing	Communication	Campus Life
<input type="checkbox"/> Accessible Location	<input type="checkbox"/> Quiet Environment	<input type="checkbox"/> Audio Books	<input type="checkbox"/> Accessible Housing
<input type="checkbox"/> Preferential Seating	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Large Print Materials	<input type="checkbox"/> Meal Plan Adjustment
<input type="checkbox"/> Tape Recording	<input type="checkbox"/> Reader	<input type="checkbox"/> Braille	<input type="checkbox"/> Counseling
<input type="checkbox"/> Note Taker	<input type="checkbox"/> Tape Recorded Test	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Computer	<input type="checkbox"/> Oral Test	<input type="checkbox"/> Sign Language Interpreter	<input type="checkbox"/> Writing Assistance
<input type="checkbox"/> Attendance Consideration	<input type="checkbox"/> Scribe	<input type="checkbox"/> Captioning	<input type="checkbox"/> Health Center
<input type="checkbox"/> Breaks	<input type="checkbox"/> Computer	<input type="checkbox"/> FM System	

**Are there any other accommodations you require?**

---

Signature \_\_\_\_\_ Date \_\_\_\_\_