



Cleveland Institute of Art

Inventory for Incoming Students with Disabilities

Name _____ Entry Year _____

Preferred Name: _____ Pronouns: _____

Address _____

(Home) _____ ok to leave message

(Cell) _____ ok to leave message

(Work) _____ ok to leave message

CIA e-mail _____

Parent / Guardian Contact Information:

Mother/Guardian: _____

(phone) _____ ok to leave message

(other #) _____ ok to leave message

(e-mail) _____

☐ Please check this box if it is okay to discuss grades with this person. [Must have FERPA release on file in registrar's office]

Father/Guardian: _____

(phone) _____ ok to leave message

(other #) _____ ok to leave message

(e-mail) _____

☐ Please check this box if it is okay to discuss grades with this person. [Must have FERPA release on file in registrar's office]

Declared Disability

According to the Americans with Disabilities Act a disability is defined as “a physical or mental impairment that substantially limits one or more of the major life activities of such individual; including people with a record of such an impairment or are regarded as having such an impairment.”

The following is a list of qualifying diagnoses for receiving learning support services at CIA. Please check all that apply, specify as needed, and be prepared to provide the necessary documentation listed to the right of each:

X	Diagnosis	Required Documentation
	Learning Disability Specify: _____	IEP or 504 AND relevant psycho-educational test scores
	Intellectual Disability	IEP or 504 AND relevant psycho-educational test scores
	ADHD/ADD	IEP or 504 AND relevant psycho-educational test scores
	Autism Spectrum Disorder/Asperger's Syndrome	IEP or 504 AND relevant psycho-educational test scores
	Acquired/Traumatic Brain Injury	Physician's diagnosis or Disability Verification Form
	Hearing Impairment	Physician's diagnosis or Disability Verification Form
	Visual Impairment	Physician's diagnosis or Disability Verification Form
	Speech Impairment	Physician's diagnosis or Disability Verification Form
	Mobility Impairment	Physician's diagnosis or Disability Verification Form
	Health Impairment Specify: _____	Physician's diagnosis or Disability Verification Form
	Psychiatric/Psychological Specify: _____	Physician's diagnosis or Disability Verification Form
	Other Specify: _____	Physician's diagnosis and/or IEP or 504 AND relevant psycho-educational test scores

Please answer the following questions so that we may better understand your unique circumstances and how our accommodations can support you in the best way possible.

Are you currently taking any kind of medication? _____

If so, please describe the side effects, if any:

Describe how your disability affects you in an educational setting:

Describe how your disability affects you in everyday life:

Try to remember your favorite class – what was it like? What made it different?

Recall your least favorite class and describe what made it difficult for you to be successful:

What type of accommodations, materials, or activities has helped you learn the most?

List reasonable accommodations that you believe will provide you equal access:

Rate how you view your academic skills on a scale of 1-5.

1= weakness	2=sometimes a problem	3=do okay	4=a good skill	5= strength
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____ spelling	____ using the library
____ taking notes from a textbook	____ getting started on a project
____ taking lecture notes	____ researching a topic
____ organization	____ developing an outline
____ studying for an exam	____ concentration
____ cumulative exams	____ expressing ideas orally
____ writing papers	____ understanding reading material
____ finding main ideas in reading material	____ vocabulary
____ memory skills	____ reading speed
____ time management	____ grammar and punctuation
____ critical thinking	____ problem solving
____ goal setting / prioritization	____ listening skills
____ following directions	

Understanding Disability Services in College

The Cleveland Institute of Art is committed to providing reasonable accommodations so that students with documented disabilities, who meet the admission requirements to the college, can have access to a quality education. While the Individuals with Disabilities Act (IDEA) apply to K-12 schools, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 govern colleges and universities. Having an IEP or a 504 Plan in high school does not guarantee that a student will be eligible for disability services in college.

While we are committed to providing reasonable and appropriate accommodations for documented disabilities, so that students will have an equal opportunity to work toward success,

students will be expected to perform at the college level. Program modifications are not made and standards are not lowered.

If Accommodations Are Approved:

I am to be my own advocate. All requests for services are to be made by me personally and it is my responsibility to report any problems or concerns with my accommodations with the Disability Support & Academic Advisor

Additional Information:

I understand that my completing this form is only the initial step in the disability accommodation process. My request for disability accommodations will be reviewed and approved based upon needs evident in the documentation I have provided. I understand that I am able to discuss with the Disability Support & Academic Advisor any appeals process if I am in disagreement with a decision.

Confidentiality:

The Disability Services Office is responsible for maintaining confidentiality of student records and must not release any part of the documentation without students' informed and written consent. Neither professors nor staff members have the right to ask students about the nature of their disability. Students may disclose the nature of their disability if they wish to do so. Copies of disability documentation can only be provided by the Institute to anyone outside of Disability Services with a written, signed release. However, it must be noted that, in accordance with the Family Educational Rights and Privacy Act (FERPA), certain CIA administrators are permitted access to this information in restricted circumstances under the law.

I agree that information gathered from me on this form is true, to the best of my ability. I understand that this form will be kept on file in the Disability Services Office and will be used in determining a plan for receiving accommodations here at the Cleveland Institute of Art. By signing below, I am initiating my request to be established as a student with a disability in accordance with federal and state regulations.

I acknowledge that I understand the process to request and utilize accommodations. I also understand that I am responsible for responding to all communications from Disability Services in a timely manner.

Student Name: _____ Date _____

Student Signature: _____