

LTS Disability Services Notification Forms

The Seminary has designed the Disability Services Office as the coordinator of services and accommodations to meet the needs of students with disabilities that limit their participation in the programs and activities of the Seminary. Every student at the Seminary has the opportunity to complete a Disability Notification Form, available at the Lancaster Theological Seminary Disability Services website: <http://www.lancasterseminary.edu/disabilityservices>

The Seminary considers information provided on this form as confidential and uses it to provide appropriate accommodations for qualifying students.

At the beginning of each semester, Disability Services:

Notifies via email each student who has been approved for accommodations. Once the student responds that they would like to make use of their accommodations for the coming semester, their Educational Accommodations Plan (EAP) is then emailed to them. Their Academic Accommodations form is emailed to each of their professors in the current semester, outlining the accommodations granted to the student.

Requests for accommodations should be directed to the attention of Beth Grimm, Disability Services Specialist. Incoming students should submit their request, along with a Disability Notification Form and appropriate documentation during the first week of each semester.

To: All Students

From: Beth Grimm, M.Ed., E.S., Certified Psychologist and Disability Services Specialist

In accordance with equal education opportunity laws, Lancaster Theological Seminary arranges to provide special services for students whose disabilities limit their participation in academic programs for which they are qualified. We ask that you notify us if you will require special services or accommodations in the classroom, or if you want faculty, academic advisers or administrative offices notified of your disability.

If you require special services or notifications, please complete and return the form below. All responses are held in confidence. Information provided in response to this request will be used only for the purpose of assuring access to the programs and services of Lancaster Theological Seminary. After receiving your completed request form, I will contact you if additional information is needed.

Disability Notification Form

NAME (Please print):
DISABILITY:

CELL PHONE:

NOTIFICATION OR SPECIAL SERVICE REQUESTED:

PRACTITIONER WE MAY CONTACT FOR FURTHER INFORMATION:

STUDENT SIGNATURE: _____ DATE:

PLEASE SUBMIT REQUEST FORM TO:

Disability Services Specialist
Beth Grimm, M.Ed., E.S., Certified School Psychologist,
Certified Reading Specialist, Certified Educational Therapist

Lighthouse Educational Services
428 E Orange St
Lancaster, PA 17602

tel 717-392-4063
cell 717-715-6924
home: bethgrimm@verizon.net
work: bgrimm@lancasterseminary.edu

CONFIDENTIALITY & RELEASE OF INFORMATION - PERMISSION TO RELEASE INFORMATION

I give my permission for the release and discussion of information regarding my disability and accommodations between the Disability Services Specialist and relevant personnel at the Seminary such as, Counseling Services, Office of the Registrar, Office of Housing, academic dean, academic advisor, Dean of the Seminary and faculty for classes in which I am either currently enrolled or classes in which I am registered, as warranted appropriate by the Disability Services Specialist who will only release information on a "need to know basis" as required by law. I also give permission to the Disability Services Specialist to speak with the practitioner/s treating the condition for which I am requesting accommodations. I understand that the information may only be shared to utilize preparation/provision of reasonable accommodations or auxiliary aids and services for which I am eligible. By signing this form, I understand that this permission to release information remains valid for the duration of my tenure at Lancaster Theological Seminary and that I may rescind or amend this agreement at any time.

Student Name:

Student Signature: _____

Date: