THE DELAPLAINE VISUAL CALLS EDUCATION CENTER

Americans With Disabilities Act Policies and Procedures

Approved by the Board November 26, 2007

The Delaplaine Visual Arts Education Center is committed to full compliance with the Rehabilitation Act (section 504) and the Americans with Disabilities Act (ADA). Reasonable accommodations are provided for qualified students with disabilities who self identify and provide documentation. Students with a need for accommodations, including interpreting services, should contact the office at least two weeks prior to their first class or Delaplaine-sponsored event to ensure services are in place. The particular needs of each student are considered on an individual basis, but course standards are not altered.

COORDINATOR CONTACT INFORMATION

Virginia Kane Director of Education Phone 301 698 0656 ext. 104 Fax 301 663 1080 vkane@delaplaine.org

REQUESTING ACCOMMODATIONS

A student who registers for a course and needs accommodations must selfidentify by completing the "Request for Accommodations Form" at least two weeks before the first day of the course, and must give the form and the documentation (e.g. current audiogram, or IEP) to the Coordinator for review.

If an interpreter for a deaf or hard of hearing student is required, the student must also fill out the "Request for a Sign Language Interpreter" form.

The student will inform the Coordinator what accommodations will meet the specific needs, including but not limited to: interpreter, preferential seating, table/chair heights, space for student's personal assistant, etc. The Coordinator will review the materials and will give the instructor an Accommodations Plan, which will tell the instructor that the student is eligible, what services the student will receive, and whether an interpreter or personal assistant will be in the classroom.

REQUESTING AN INTERPRETER

The "Request for a Sign Language Interpreter Form" must be completed and submitted to the Coordinator at least two weeks before the first day of the course or activity.

The Delaplaine strives to accommodate all requests, however those received less than two weeks before the beginning of the student's courses or Delaplaine-sponsored event cannot be guaranteed.

STUDENT RESPONSIBILITIES FOR THE DEAF AND HARD OF HEARING

IN THE CLASSROOM

The interpreter and the instructor will maintain a more effective relationship with the student who keeps the following in mind:

- 1. Plan to arrive a few minutes early to meet with the interpreter on the first day of class to discuss any communication needs you may have
- 2. Introduce yourself to the instructor.
- 3. Check that the instructor has a copy of your Accommodations Plan.
- 4. Be sure you understand the assignments before the interpreter leaves the classroom.

ABSENCE PROCEDURES

Students are responsible for reporting all planned absences to the Coordinator as soon as possible.

- 1. As a result of one non-reported absence, the Coordinator will mail a letter to the student warning him/her that the interpreter services are in jeopardy and will be suspended on the second non-reported absence. This letter will also offer a meeting with the Coordinator to discuss possible solutions to improve the attendance record.
- 2. As a result of a second non-reported absence, interpreter services will be immediately suspended. A meeting with the Coordinator and student will be required in order to reinstate services. It is the student's responsibility to contact the Coordinator for the meeting.
- 3. Reinstatement of services will be discussed with the student at this meeting, and will be given only with the Coordinator's approval.

LATE PROCEDURES

- 1. Interpreters will wait in the classroom for 30 minutes only, for the student to arrive.
- 2. After 30 minutes the student will be deemed to be absent, and the Absence Procedures above will be followed.

THE DELAPLAINE VISUAL CALLS EDUCATION CENTER

Request for Services for Students With Disabilities Application/Agreement

THIS FORM MUST BE RECEIVED AT LEAST TWO WEEKS PRIOR TO EVENT OR FIRST CLASS*

NAME:		
ADDRESS:		
TELEPHONE: Home	Cell	
EMAIL ADDRESS:		
Class name & section number:		or
Specific DVAEC program you will be attended	ing:	

I am self-identifying as a qualified person with a documented disability and am eligible for accommodations under the Americans with Disabilities Act (ADA). I understand that I will be provided with reasonable accommodations after submitting current documentation of my disability, and discussing my needs with the Coordinator.

I am requesting the following accommodations (Circle all applicable):

Sign Language Interpreter **

Accessible Easel: height _____

Accessible Table: height _____

Accessible Chair: height _____

Space for personal attendant in the classroom

Other _____

I have submitted appropriate documentation of my disability/disabilities or special needs as required (circle all applicable):

Current audiogram Public Schools IEP Psychological report Physician's report Other_____

PERMISSION TO INFORM

My signature below indicates that I give the Coordinator permission to inform my instructor(s) of my need for accommodations, and/or release my schedule of classes and contact information to the interpreting staff.

Student:

Signature

And/or authorized responsible adult:

Signature

Please give this form to Virginia Kane, Director of Education [the Coordinator] at The Delaplaine Visual Arts Education Center, or fax: 301-663-1080.

* Please note: if this request is received with less than two weeks notice, all attempts will be made to provide accommodations requested, however, they can NOT be guaranteed.

** Please also complete the "Request For Deaf and Hard of Hearing Services" form.

Date

Date

THE DELAPLAINE VISUAL arts education center

Request for Deaf and Hard of Hearing Services

TO REQUEST INTERPRETATION SERVICES THIS FORM MUST BE SUBMITTED TO THE COORDINATOR, ALONG WITH THE FORM ABOVE, AT LEAST TWO WEEKS PRIOR TO THE CLASS OR EVENT

Name of the deaf/hard of hearing person:
Email/Phone:
<i>Section 1 - CLASSES: Complete this section to request services for classes.</i> Mode of communication preferred (please circle one):

ASL	Signed English	Oral
Class name & section number:		

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Please list the specific days and times that you will be attending this class:

Any changes to attendance, including planned absences from class, must be reported to the Coordinator immediately to provide quality interpreting services for your classes.

Section 2 - SPECIFIC PROGRAMS: Complete this section to request an interpreter for a specific DVAEC program or event.

Mode of communication preferred (please circle one):

ASL	Signed English	Oral
DATE interpreter is needed:		

Start time:_____ End time:_____

Type and / or description of event: _____

Please give this form to Virginia Kane, Director of Education [the Coordinator] at The Delaplaine Visual Arts Education Center, or fax: 301-663-1080.

Please note: if this request is received with less than two weeks notice, all attempts will be made to provide an interpreter; however, one can NOT be guaranteed.

THE DELAPLAINE VISUAL CENTES EDUCATION CENTER

Americans With Disabilities Act Accommodations Form

TO INSTRUCTOR: _____

Class Name & session: _____

Student: _____

The above-named student is a qualified person with a disability under the ADA, and will be provided with the following accommodations:

Sign Language interpreter*

Easel height _____

Table height _____

Chair height _____

Space for personal attendant*

Other

* i.e. - Another person will be in the classroom, but will NOT be taking the course.

Virginia Kane Director of Education

Signature

Date