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## STUDENTS WITH DISABILITIES

At California College of Music, we respect and value individuals who strive to achieve their academic and artistic goals while working with unique circumstances or challenges. Therefore, our institution pledges to provide full and equal educational opportunities to all students, and does not discriminate against students with disabilities of any type in any way. When accommodations can and should reasonably be provided, we stand prepared to offer those accommodations. As individuals, each of us possesses a different set of skills and natural abilities as well as limitations and difficulties to which we must attempt to understand, work constructively with, and make the most of in order to thrive as productive adult members of our communities.

The goal of California College of Music is to provide every student with the best possible opportunities for academic success. Therefore, in accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990, special services are provided to achieve this goal. Under Section 504, a post-secondary student who is in need of academic accommodations or auxiliary aids is obligated to provide notification to the educational institution the nature of the disabling condition and the educational accommodations recommended by an evaluating professional.

As part of the educational process, students with disabilities of any kind are expected to advocate for themselves, and to have full awareness of the impact of their disabilities. If a student requires assistance, his or her disability should be identified to the Dean & Chief Academic Officer. Appropriate documentation should be provided on the form below, and any needed accommodations should be requested at least 30 days prior to the student's start date.

Faculty and staff will endeavor to provide all reasonable accommodations that are requested in a timely manner, appropriately documented, and do not compromise the integrity of a course or degree program. The College will endeavor to protect a student from discrimination and to educate faculty about the needs of individuals with disabilities. Although faculty members are ultimately responsible for providing reasonable access to curricula and other educational opportunities, it is the student's responsibility to follow established procedures for requesting accommodations he/she believes are necessary.

A disabled student is expected to be proactive in requesting accommodations. The process of requesting accommodations includes the following steps:

1. The student should identify the disabling condition and its symptoms on a Request for Accommodation form.
2. Wherever possible, the student must provide a recent, appropriate evaluation, from a licensed medical professional familiar with the disability, to the Dean and make a follow-up appointment to discuss accommodations.
3. The disability identified in the evaluation must fall within the guidelines of the Americans with Disabilities Act. Under the Act, a person with a disability is one who has a physical or mental impairment that substantially limits a major life activity.
4. If the symptoms of a student's disability are ones that could result in more than one possible diagnosis, the evaluation should include the specific diagnosis, and a discussion of why other diagnoses have been rejected.
5. The student should specify what accommodations, if any, he or she is requesting to mitigate the disabling condition.
6. If a student has requested any accommodations to mitigate a disabling condition, the evaluation should discuss the appropriateness of the request(s), and how it/they will assist in mitigating the limitations created by the disability.

When the accommodation involves a specific faculty member, the student must meet with him or her as well.

Any concerns, disputes, or questions regarding accommodations should be directed to the Dean. Informal and formal grievance procedures are available if necessary.

After appropriate assessment of a student's documentation, and consideration of the student's current functional disability and any requested accommodations, the Dean will make recommendations regarding support services and/or accommodations. Unfortunately, at this time the College is unable to provide accommodations requiring extensive personal services such as attendants, drivers, interpreters or speech therapists. All requests will be reviewed on a case-by-case basis.

For further information, contact Dean Daniel Brummel at 626-577-1751.

# REQUEST FOR ACCOMMODATION

*Provided in compliance with the Americans with Disabilities Act (1990) and Section 504 of the Rehabilitation Act (1973).*

## PART 1: TO BE COMPLETED BY THE STUDENT

Name:		
Address:		
City:	State:	Zip:
Program:		Date:

The information requested below, and any documentation regarding your disability and need for accommodation, should be submitted to the Dean at least 30 days prior to matriculation. Please allow a minimum of two weeks for the review and determination of your accommodation request. This information will be considered confidential and will not be furnished to any other party without your permission. Instructors and other personnel will be included in the review of this request as necessary and will be advised of any recommendations for accommodation.

### Need for Accommodation

Please describe the nature of your condition that substantially limits a major life activity, identify the major life activities affected, and describe the type of accommodation you are seeking. For example, “unable to see,” “cannot view textbooks or materials...,” and “request permission to use visual aids....” If necessary, use additional pages for explanation or detail.

1. Do you have a condition that substantially impairs a major life activity (i.e., seeing, hearing, walking, speaking, learning, etc.)? If so, please describe fully the nature of the condition that substantially limits a major life activity.
  
  
  
  
  
  
  
  
  
  
2. Describe completely the ways in which your impairment substantially limits any major life activities and provide all functional limitations you experience due to your impairment.

3. Describe the accommodation(s) you are requesting.

4. Please state whether your impairment is permanent or temporary. If temporary, please state the expected duration of the impairing condition.

5. Please state when you first began to experience the impairment.

**Student Attestation**

I attest that the above is true and correct. I understand that my request will be considered by the Dean and college personnel as appropriate. I further understand that I have the right to appear and present other relevant information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Student Release**

I give the licensed professional, identified on the following page, permission to consult with the appropriate official at California College of Music (Admissions Coordinator, Student Services Counselor, Director and/or Dean) for the purpose of evaluating my condition and satisfying my request for accommodation. I understand such consultation will be done in absolute confidence.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DOCUMENTATION OF DISABILITY**

**PART 2. TO BE COMPLETED BY A PHYSICIAN, PSYCHIATRIST, PSYCHOLOGIST, OR APPROPRIATE LICENSED PROFESSIONAL WHO IS TREATING THE STUDENT IDENTIFIED ABOVE FOR THE DIAGNOSIS IDENTIFIED IN THIS DOCUMENT. IN ORDER TO BEST SERVE THE STUDENT, PLEASE THOROUGHLY COMPLETE ALL REQUESTED INFORMATION.**

California College of Music offers services to students who are considered disabled under the mandates of the Americans with Disabilities Act (ADA) as amended of 2008. Under the ADA definition, a person with a disability is one with a physical, mental, emotional or chronic health impairment that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include bodily functions relating to the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproduction (this is not an exhaustive list).

Name:		
Title:		
Practice/Agency:		
Address:		
City:	State:	Zip:
License Number:		Phone:

**Certification of Need for Accommodation**

The student presenting this form should provide you with the first four pages of this six page document that describes his or her need for the accommodation being requested. The student should discuss with you the nature of the program of enrollment at the College, including the essential functions of the program (available online in the catalog/student handbook).

Please be advised that:

1. LD/ADHD/ADD and related conditions require a psychological evaluation report by a qualified psychologist, psychiatrist, or other appropriate licensed professional that is current within three years.
2. Psychiatric and other mental disabilities must be evaluated and diagnosed with a DSM-IV code.

**Please complete the following:**

**Specific diagnosis/description of physical or psychological disability – please provide full DSM or ICD-9 code:**

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Assessment instruments and results – please describe the procedures, assessment tools, etc., used to establish the diagnosis:

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Please describe the functional impact of the disability/symptom on this student's:

Daily life (include any limitations related to personal care, social interactions, manual tasks, etc.):

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Academic pursuits (please consider situations in and out of the classroom):

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Initial date of diagnosis: \_\_\_\_\_ Date of last clinical visit: \_\_\_\_\_

Expected duration of disability noted above (please circle):

Permanent      Chronic      Long term (3-12 mths)      Short term (60-90 days)      Temporary (≤60 days)

Level of severity (please circle):

Mild      Moderate      Severe      Partial Remission      Residual State

What is the frequency and duration of symptoms of the student's condition? (please circle)

Daily      1x/week      1-3x/week      1x/month      1-3x/year  
Seasonal      None – symptoms under control with medication

Other \_\_\_\_\_

Is the student on any medication that can affect attention, concentration, or any other facet of learning?

Yes \_\_\_\_\_ (If yes, please provide the information below)

No \_\_\_\_\_

**Medication**

**Quantity & Frequency**

**Side effects**

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Is the student able to attend classes? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what are the effective dates? Stop attendance: \_\_\_\_\_ Return date: \_\_\_\_\_

Suggested accommodations for the academic setting based on specific documented limitations (use additional paper if necessary):

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**Licensed Professional Attestation**

I understand that the student will present this request to the appropriate college official for review and I may be requested to present additional relevant information regarding my patient and/or client's need for accommodation.

\_\_\_\_\_  
Licensed Professional Signature

\_\_\_\_\_  
Date

Thank you for your help in providing this information.

**Please return this form to:**

**California College of Music**

**ATTN: Dean**

**42 S. Catalina Ave.**

**Pasadena, CA 91106**

**Phone: (626) 577-1751 Fax: (626) 577-1765**

**E-mail: [admin@ccmcollege.com](mailto:admin@ccmcollege.com)**

*In complying with the letter and spirit of applicable laws and in pursuing its goal of pluralism, California College of Music shall not discriminate on the grounds of race, color, religion, sex, national origin or citizenship status, age, disability, or veteran's status in employment, education, and all other areas of the College. The College provides reasonable accommodations to qualified individuals with disabilities upon request. Questions or complaints about discrimination should be directed to the Dean of the California College of Music, California's Bureau for Private Postsecondary Education, the U.S. Equal Employment Opportunity Commission, the Office for Civil Rights of the U.S. Department of Education, or other appropriate federal or state agencies.*