

# Disability Data Collection Form

**Period:**      January-June      Year \_\_\_\_\_  
                 July-December

*Circle period and fill in year*

Center: \_\_\_\_\_  
Contact person/phone number: \_\_\_\_\_  
Center onboard strength: \_\_\_\_\_  
Number of enrollees during this period: \_\_\_\_\_

1. How many students with disabilities enrolled at the center during this period?  
*(This number should include all students who have self-identified as a person with a disability, but do not require accommodation, and all students with disabilities who request accommodation.)*

\_\_\_\_\_

2. Indicate the number of students with each type of disability listed below.

\_\_\_\_\_ Cognitive *(learning disabilities, attention deficit disorder, attention deficit hyperactivity disorder, mental retardation, borderline intellectual functioning, traumatic brain injury)*

\_\_\_\_\_ Drug/alcohol *(alcoholism or substance abuse)*

\_\_\_\_\_ Medical *(asthma, diabetes, hypertension)*

\_\_\_\_\_ Mental health *(affective impairments; psychotic disorders; emotional disorders; and mood disorders including depression, bipolar disorder, eating disorders, personality disorders, and post-traumatic stress syndrome)*

\_\_\_\_\_ Physical *(head injury, cerebral palsy, amputation, multiple sclerosis, spinal cord injury, epilepsy/seizure, arthritis)*

\_\_\_\_\_ Sensory *(blind/visually impaired or deaf/hard of hearing)*

\_\_\_\_\_ Multiple *(more than one type of disability)*

\_\_\_\_\_ Other *(type of disability not listed)* (please list) \_\_\_\_\_

\_\_\_\_\_ **TOTAL** *(should equal the number of students with each type of disability added together and must be the same number given in question 1)*

*Note: To be considered a person with a disability, the student must self-identify as a person with a disability or receive accommodation. Just because a student has one of the conditions listed above does not automatically mean he/she considers himself or herself a person with a disability.*

3. How many applicants/students with disabilities **requested** accommodation during this period? *(This number should be the same or less than the number listed in question 1 and total given in question 2. If the number is greater because applicant(s) requested accommodation during admissions but did not enroll, please note that.) This number should include:*

- *All students who requested accommodation (if center staff ask if accommodation is needed or suggest accommodation and the student agrees, it is counted as an accommodation request).*
- *All students who receive anything other than what is typically provided to all students. Though centers have always provided these types of services (e.g., breathing machines for asthmatics, medication storage for diabetics), they should be counted as accommodations and monitored as such.*

\_\_\_\_\_

A. How many accommodation requests were made:

\_\_\_\_\_ During the admissions process

\_\_\_\_\_ After the student began participating in the program

\_\_\_\_\_ **TOTAL** *(Should equal the number of accommodation requests made during the admissions process + number of requests made after the student began participating in the program; must be the same number given in question 3.)*

B. How many accommodation requests were:

\_\_\_\_\_ Approved by the center

\_\_\_\_\_ Denied by the center/automatically appealed to the Regional Office (if denied, attach a brief description of why)

\_\_\_\_\_ **TOTAL** *(Should equal the number of accommodation requests approved by the center + number of accommodation requests denied by the center; must be the same number provided in question 3 and the total given in question 3A.)*

C. Of the accommodation requests that were denied by the center and, therefore, automatically appealed to the Regional Office, how many were

\_\_\_\_\_ Approved by the region

\_\_\_\_\_ Denied by the region (If denied, attach a brief description of why.)

\_\_\_\_\_ **TOTAL** *(Should equal the number approved by region + number denied by the region; must be the same number given in question 3B for requests denied by the center.)*

4. What type of accommodations is the center providing most often (e.g., accessible format, testing accommodation, psychiatric/psychotropic medications, residential accommodation, academic/vocational accommodation)? *(If types of accommodations are listed for this question you must have given a number greater than zero in question 3.)*

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5. What is the status of the students with disabilities enrolled at your center during this period?

\_\_\_\_\_ Still enrolled

\_\_\_\_\_ Separated

\_\_\_\_\_ **TOTAL** *(Should equal the number of students still enrolled + number of students separated; must equal the same number given in question 1.)*

- A. List the number of students for each type of separation *(The numbers given for each type of separation added together must equal the number provided for students separated in question 6.)*

|                        |                             |
|------------------------|-----------------------------|
| _____ Completer        | _____ Withdrawal            |
| _____ Maximum benefits | _____ AWOL                  |
| _____ Resignation      | _____ Death                 |
| _____ Disciplinary     | _____ Other (specify) _____ |
| _____ Medical          |                             |

6. If known, what was the estimated total cost of accommodations for this 6-month period? *(Take all of the Job Corps funds [center, regional, national] spent on providing accommodations at your center during this 6-month period and add together. Costs for staff time to determine and monitor accommodations should not be included.)*

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Please return completed forms to:

Michelle Day  
 Job Corps Health Support Project  
 Humanitas, Inc.  
 8630 Fenton Street, Suite 910  
 Silver Spring, MD 20910  
 301-608-3290 (ext. 205)  
 301-608-3296 (fax)  
 mday@humanitas.com