



**College for Financial Planning**  
**Student Rights And Responsibilities**  
**Americans With Disabilities Act**

The College for Financial Planning recognizes and accepts its obligations under the Americans with Disabilities Act (ADA) of 1990, the ADA Amendment Act of 2008 and the Rehabilitation Act of 1973, prohibiting discrimination on the basis of a disability and requiring the College to provide reasonable accommodations to qualified disabled students in all College programs and activities.

To provide any reasonable accommodation(s) for your disability, we recommend that you follow and complete the College for Financial Planning accommodation process at least five to six weeks in advance of your class. You must self-disclose, request accommodation, and provide acceptable documentation in support of your request. Accommodations are provided only after the process has been completed. Courses completed with the College prior to a request for accommodation will not be considered for re-evaluation of grades.

**PROCESS FOR ACCOMMODATION**

**STEP ONE. SELF-DISCLOSURE.** Self-disclosure and requesting accommodation are the first steps in advising us of your disability and assuring that accommodations will be made while pursuing your academic endeavors at the College for Financial Planning. Submitting a signed self-disclosure form begins the process.

**STEP TWO. DOCUMENTATION.** We generally require documentation from a certified diagnosing professional that is dated ***NO MORE THAN THREE YEARS PRIOR TO YOUR CLASS START DATE.*** We recommend that you complete the "Release of Information/Verification of Disability" form which allows the diagnosing professional to send the College documentation supporting your disability.

**STEP THREE. ACCOMMODATION NEGOTIATION.** The College is committed to providing equal access to educational programs for all students in an effort to promote the ability to achieve required program outcomes. Once documentation has been received, the College ADA Compliance Officer will review the documentation, any recommended accommodation(s) from the diagnosing professional, and your requested accommodation(s). You and the College ADA Compliance Officer will discuss the requested accommodation(s), and sign an Agreement of Accommodation. The College is required to provide reasonable accommodations in a prompt and effective manner. Please note that different accommodations may require different amounts of time to arrange, ranging from hours to weeks depending on the complexity of the accommodation.

**STEP FOUR. COMMUNICATION.** The faculty member(s) for your class(es) and/or the testing facility will be notified of the agreed upon accommodation(s).

**STEP FIVE. COMPLAINTS/GRIEVANCES.** If there is a problem with: (1) negotiating your accommodation(s); (2) your agreed upon accommodation(s); (3) the classroom/testing environment, or (4) other challenges or difficulties, consult with the College ADA Compliance Officer, Colleen McARDell, (303) 220-4824, immediately and/or complete a grievance form. No Student shall be retaliated against for participating in any complaint procedure brought against the College concerning alleged non-compliance with the Americans with Disabilities Act (ADA) of 1990, the ADA Amendment Act of 2008, and the Rehabilitation Act of 1973.

Information regarding your disability and resulting accommodation(s) is confidential and released strictly on a need to know basis to those providing your accommodation(s).

***I understand my rights and responsibilities as outlined above:***

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Student Printed Name

Student ID Number

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Student Signature

Date

**Return to:** College for Financial Planning  
ADA Compliance Officer  
9000 E. Nichols Ave. Suite 200  
Centennial, CO 80112

(P) 800-237-9990 Ext. 2204824 or 303-220-4824  
(F) 602-366-3391  
(E) [ce.compliance@cftp.edu](mailto:ce.compliance@cftp.edu)



# College for Financial Planning

## Student Self-Disclosure Statement

The College for Financial Planning recognizes and accepts its obligations under the Americans with Disabilities Act (ADA) of 1990, the ADA Amendment Act of 2008 and the Rehabilitation Act of 1973, prohibiting discrimination on the basis of a disability and requiring the College to provide reasonable accommodations to qualified disabled students in all College programs and activities. No student shall be retaliated against for seeking accommodation under this policy or for participating in any complaint procedures brought against the College for its alleged non-compliance with the policy.

Please complete this form, and return it to the College ADA Compliance Officer. Attach any additional material(s), as necessary.

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1. Please describe the nature of your disability.
  
2. Please describe the documentation you intend to provide.
  
3. Please describe any accommodation you have previously received in an educational environment.
  
4. What accommodations do you feel would be appropriate at the College for Financial Planning?

Program/Course \_\_\_\_\_

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Student Printed Name

Student ID Number

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Student Signature

Date

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# College for Financial Planning

## Release of Information/Verification of Disability

The following College for Financial Planning Student/Applicant has self disclosed a condition protected under the Americans with Disabilities Act (ADA) of 1990, the ADA Amendment Act of 2008 and/or the Rehabilitation Act of 1973. This documentation is required as part of College procedures governing ADA.

**This section to be completed by Student/Applicant:**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

\_\_\_\_\_  
(Diagnosing Professional Name and Title/Credentials)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Area Code & Phone number)

***I hereby authorize the above Diagnosing Professional to release all pertinent disability-related information as noted under the Americans with Disabilities Act (ADA) to The College for Financial Planning in order to determine reasonable accommodations in the academic environment.***

\_\_\_\_\_  
(Student/Applicant Signature)

\_\_\_\_\_  
(Date)



# College for Financial Planning

## Disability Information/Verification

Attached please find the Release of Information/Verification form for \_\_\_\_\_, who anticipates attending the College for Financial Planning beginning \_\_\_\_\_. Please provide the following information as well as any other appropriate documentation describing your diagnosis and recommended accommodations for the above named student (supporting documentation must be typed, signed and dated on letterhead).

### SECTION A – Diagnosis & Limitations

1. Please select one:

- Temporary** Disability  
(beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and expected to last until \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 **Permanent** Disability

2. Diagnos(es): Primary Disability: \_\_\_\_\_

Secondary Disability(ies): \_\_\_\_\_

3. Assessment(s) used in this diagnosis and evaluation. Test scores including standard scores and/or percentiles for all normed measures should be included as well as a clinical summary. This information can be provided in separate documentation typed, signed and on letterhead.

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4. Presenting limitations resulting from the above diagnos(es) as they pertain to the educational environment:

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5. Will this student present any difficulty in maintaining a safe and constructive classroom environment? If so, please detail:

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## SECTION B – Accommodation Recommendations

1. Record of any prior or successful accommodation(s) or auxiliary aids used, including any information about specific conditions under which the accommodations were used:

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2. Recommendations for academic accommodations, why these accommodations are needed, and how the limitations of the specific disability are accommodated:

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## SECTION C – Learning and Mental Health Disabilities ONLY

For **learning disabilities and/or emotional/mental disabilities**, supporting information should include: a) developmental, medical, psycho-social, employment and family history, *as appropriate*; b) test scores, evaluation(s), determining test(s) and date of testing; c) clinical summary which may include the following:

1. Demonstration of ruled out alternative explanations for academic problems
2. Indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability
3. Indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested

This information should be provided in separate documentation typed, signed and on letterhead.

Number of additional pages included: \_\_\_\_\_

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Diagnosing Professional Printed Name

Title, Licenses, Credentials

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Diagnosing Professional Signature

Date

Thank you in advance for your prompt attention to this request.

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ADA Compliance Officer  
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