**The University of the State of New York**
**THE STATE EDUCATION DEPARTMENT**
**Office of Research and Information Systems**
**Higher Education Data System**

***NYSED-2H-2 (10)***
**Collection Year 2010-11**
**Data Period Fall 2010**
**DUE DATE: May 1, 2011**

# ENROLLMENT OF COLLEGE STUDENTS WITH DISABILITIES
# FALL 2010

| Institution Name | SEDCODE: |
|---|---|
| | |

*THE INFORMATION PROVIDED ON THIS FORM SHOULD CONTAIN DATA FOR ONLY THE INSTITUTION LISTED ABOVE. If multi-campus institutions have questions concerning which branches to include, please contact State Education Department staff at* heds@mail.nysed.gov *or phone 518-474-5091.*

- **Institutions are expected to submit forms electronically using our online forms or the Microsoft Access forms available from the ORIS web site at** http://www.highered.nysed.gov/oris/. **Two forms are only available in paper format (Word, PDF): Current College Catalog (CATALOG) and Audited Financial Statement (FAUDIT).**

- **Return completed paper forms by**:

  **Mail:**
  NYS Education Department
  Office of Research and Information Systems
  Room 966 Education Building Annex
  Albany, NY 12234

  **Or Fax:**
  518-474-1907

- **With the exception of the Bundy forms (NYSED-2) do not make a duplicate paper submission of an electronic data submission. Independent institutions participating in the Bundy program must provide a paper copy printed from their electronic submission in order to affix the required notarized signature and seal.**

- **Retain a copy of the completed form in your files in case there's a need for clarification.**

- **If you anticipate a delay in returning this form, request an extension in writing by e-mail, fax or mail stating the reason for the delay and the anticipated submission date.**

- **If you have questions regarding completion of the form, please contact the Office of Research and Information Systems at:**

  E-Mail: heds@mail.nysed.gov
  Fax: (518) 474-1907
  Phone: (518) 474-5091

***IMPORTANT*: FOR PAPER SUBMISSIONS PLEASE RETURN THIS COVER PAGE AND ALL PAGES *EXCEPT INSTRUCTIONS* EVEN IF THEY CONTAIN NO DATA.**

**The University of the State of New York**
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**Higher Education Data System** **DUE DATE: May 1, 2011**

**Form Processing Information**

| Form: NYSED-2H-2 | ENROLLMENT OF COLLEGE STUDENTS WITH DISABILITIES |
|---|---|
| SEDCODE: | |
| Institution Name: | |

**Respondent Information** (To better direct our questions about your data, please enter the name of the person who aggregated the majority of the data for this form for this campus.)

| Name: | | | |
|---|---|---|---|
| Title: | | | |
| Telephone: ( ) | Ext. | Facsimile No.: ( ) | Ext. |
| E-Mail Address: | | | |

TOTAL -- (Check box if all *applicable* branches included) ☐
Otherwise List Branches Below

| List Branches Included: | List *Applicable* Branches not included: |
|---|---|
| | |
| | |
| | |
| | |

**Time Required** to Retrieve Information from Files and Complete the Submission of this Form

| Hours spent by all staff (whole numbers) | |
|---|---|

**Notes and Explanations** Regarding Data Provided and/or Comments about This Form and Its Completion.

| |
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| |

***IMPORTANT:*** **PLEASE RETURN ALL PAGES *EXCEPT INSTRUCTIONS* EVEN IF THEY CONTAIN NO DATA**

**The University of the State of New York** **DUE DATE: May 1, 2011**
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## ENROLLMENT OF COLLEGE STUDENTS WITH DISABILITIES, FALL 2010

If your institution does not maintain records on all students with disabilities, report those who have identified themselves to your institution as having a disability requiring some special consideration or assistance. If you are reporting based on this functional definition, please check this box. ☐

If this institution does not have any students with disabilities enrolled in Fall 2010, please check here. ☐

**Part A: Counts of Students with Disabilities:** *Count each student in every category they fit.*

Institution Name:

| Category of Disability | Line No. | Full- and Part-time Degree-Credit Students | | |
|---|---|---|---|---|
| | | Type of Enrollment | | Total (Sum of columns 1 and 2) (3) |
| | | Occupationally – Specific Programs (1) | In All Other Programs (2) | |
| **Learning Disabilities** | **01** | | | |
| | | | | |
| **Mobility disabilities** | | | | |
| Wheelchair assisted | 02 | | | |
| Other assistive device | 03 | | | |
| No assistive device | 04 | | | |
| **Subtotal** (lines 2+3+4) | **05** | | | |
| **Visual disabilities** | | | | |
| Legally blind | 06 | | | |
| Other visual disability | 07 | | | |
| **Subtotal** (lines 6+7) | **08** | | | |
| **Acoustical disabilities** | | | | |
| Legally deaf | 09 | | | |
| Other acoustical disability | 10 | | | |
| **Subtotal** (lines 9+10) | **11** | | | |
| **Other Health disabilities** | | | | |
| Mental health disabilities | 12 | | | |
| Speech disabilities | 13 | | | |
| Traumatic brain injury | 14 | | | |
| Orthopedic disabilities | 15 | | | |
| Alcohol/substance addiction & recovery | 16 | | | |
| Other | 17 | | | |
| **Subtotal (**sum lines 13 - 18) | **18** | | | |
| **Multiple Disabilities** | **19** | | | |
| *Count students with multiple disabilities in every category that they fit. Include students on line 19 if they had two or more of the disabilities in lines 1-4,6-7,9-10, and 12-17.* | | | | |
| **Neurological Disabilities** | **20** | | | |
| *(Many of the disabilities above will relate to an underlying neurological problem also reported here)* | | | | |
| **UNDUPLICATED TOTAL** (Count each student in the total only once) | **21** | | | |

**DUE DATE: May 1, 2011**

## Part B: Your Disabilities Services

Institution Name: SEDCODE:

INSTRUCTIONS:
*A Web based directory of services routinely available to students and parents will include this information. Please complete this page in language useful to those groups.*

21. Disabilities Contacts

TTY (if any) a: _____
Second TTY b: _____
Website URL c: _____

22. Number of staff who work in your disability services office:
Full-time ____ Part-time ____

23. Services of Interest to Prospective Students:

| Statement to be included in a Directory of Services |
|---|
| **All colleges are required by law** to provide reasonable accommodations in the form of auxiliary aids and services for students with disabilities. These accommodations may include things such as: |
| taped texts / Braille books / assistive listening devices |
| notetakers / large print materials / videotext displays |
| interpreters / talking calculators / test accommodations |
| readers / television enlargers |
| **Each college will determine on a case-by-case and course-by-course basis whether a need exists, based on documentation, and what accommodation is appropriate**. |

Colleges may also provide other services that are particularly useful for students with disabilities. Please check services of this type currently offered by your college that prospective students may wish to know about:

___ Learning Disability Specialist
___ Learning Resource Center
___ Low Vision Specialist
___ Diet Accommodations
___ Specialized Gym Equipment
___ Transportation on Campus
___ Transitional Services from College to Employment
___ other, please specify:

___ Screening for Learning Disabilities
___ Specialist in ADHD
___ Tutoring Services
___ Assistive Technology
___ Student Support Groups
___ Internships

## Part B: Your Disabilities Services (cont.)

24. Your admissions requirements (for **all** students)
(Check all that apply):

- ☐ High school diploma/GED
- ☐ High School diploma/GED or "ability-to-benefit" test
- ☐ Rank in class
- ☐ SAT/ACT scores
- ☐ GRE scores
- ☐ Essay
- ☐ Campus visit
- ☐ Personal interview
- ☐ Other requirements - Please describe:

25. What reasonable accommodations can you make for students with disabilities in the general admissions process? Please list processes or criteria and how you can adjust them:

26. Campus orientation designed specifically for students with disabilities
(Check all that apply):

- ☐ Accessibility tour
- ☐ Transition program to orient students to campus life
- ☐ Access to community resources to support students with disabilities
- ☐ Emergency evacuation training
- ☐ Self advocacy training
- ☐ Other orientation - Please describe: