



Functional Ability Form – Statement of Understanding

I. INSTRUCTIONS

1. Complete Section II. Student Information.
2. Go to the link in the box below for your program where you will be able to read the functional abilities required for success in your program. If you are not able to access the functional abilities list for your program, please contact your program counselor or Enrollment Services Staff for assistance.
3. Read section III. ADA and Functional Abilities.
4. When you have read and understood the functional abilities listed, please complete Section IV. of this form, sign, and date. Forms that are incomplete or not signed will be returned to you. This may delay admission to your program.
5. Turn in this completed form to an Enrollment Service staff.

II. Student Information

Name (First, MI, Last) _____ Student ID _____ DOB _____

Prior Last Name/s/ _____ Last 4 digits of SSN XXX – XX – _____

Associate Degree Nursing (includes LPN to ADN Bridge) -
http://www.gtc.edu/images/Programs/Health_Occupations/Functional%20Abilities%20form%20ADN.pdf

Dental Assistant - http://www.gtc.edu/images/Programs/Dental_Assistant/DA%20FUNCTSHEET.pdf

Health Unit Coordinator– <http://www.gtc.edu/publications/Forms/health/Functional%20Abilities%20-%20HUC.pdf>

Nursing Assistant – http://www.gtc.edu/images/Programs/Health_Occupations/Functional%20abilities%20for%20CNA.pdf

Physical Therapy Assistant- <http://www.gtc.edu/page.asp?q=931&pid=10-524-1>

Surgical Technology– <http://www.gtc.edu/page.asp?q=952&pid=10-512-1>

Radiography - http://www.gtc.edu/images/Programs/Health_Occupations/EssentialFunctions.pdf

III. ADA and Functional Abilities

The Americans with Disabilities Act (ADA) of 1990 (42 USC & 12101. et seq.) and the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973 (29 USC & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Gateway Technical College makes every effort to insure a quality education for students. To aid in student success, it is important to inform students of the functional abilities demanded by a particular occupation. The purpose of this document is to ensure students acknowledge that they have been provided information on the functional abilities required for their chosen program.

Information is available on reasonable accommodations to meet the *Functional Abilities* upon the applicant’s request (see your program counselor).

IV. Complete, initial, and Sign

My program is: _____ (you will need to complete a new form for each program)

_____ (initial) I have read and understand the Functional Ability Criteria specific to a student in my program indicated above.

_____ (initial) I am able to meet the functional abilities as presented with or without accommodation.

_____ (initial) I was provided with information concerning accommodations or special service if needed at this time.

NOTE: The program you indicate above must be the program that you have applied to. This form must be completed for each program requiring you verify you have read and understand the functional ability requirements. If you have applied to more than one program with this requirement, this form must be completed for each of those programs.

Signature

Date