



## WISCONSIN INDIANHEAD TECHNICAL COLLEGE

### 10-151-2 Information Technology – Cybersecurity Specialist

#### Functional Abilities Disclosure

It is the intent of the Wisconsin Indianhead Technical College (WITC) to fully comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. & 794), the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. & 1201. *et seq.*), and the ADA Amendment Act of 2008. In accordance with these laws, WITC does not provide students with personal devices and services.

In order to assist students to successfully complete this program, WITC has developed a set of objective functional ability criteria. At the time of application, students are asked to sign the Functional Ability Disclosure stating whether or not they are able to meet the functional abilities, with or without accommodations, as stated in this document. **Students entering the program based on falsification of records related to their ability to meet functional requirements, may face disciplinary action.** The signed acknowledgement of this information will be filed in the student's permanent record. If the student is required to sign the form again at a later date designated by the program requirements, the signed form will be kept on file in the student's record maintained by the program director/faculty for five years, then destroyed.

For students with a disability, reasonable accommodations are available. Reasonable accommodations are defined as modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in WITC's courses, services, activities, and use of the facilities. To be eligible for disability-related services/accommodations, students must have a documented disability. This documentation must be provided by a licensed professional, qualified in the appropriate specialty area. WITC is not obligated to provide an accommodation that requires a substantial change in the curriculum or alteration of an essential element or function of a program/course. WITC is also not obligated to provide an accommodation that poses an undue financial or administrative burden to the College or poses a direct threat to the health and/or safety of others.

**Accommodations allowed, without disability documentation:** supportive back brace or other supportive brace that does not impede required movement or interfere with infection control policies, hearing aids, glasses, and/or contacts. Other student-suggested accommodations will require the approval of the Program Director or Academic/Divisional Dean, the campus Accommodation Specialist, and the Wisconsin Department of Health Services (for Nursing Assistant only). All requests should be approved before the student is enrolled in the program. Any accommodation cannot substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the program.

If you are a person with a documented disability and would like to request accommodations, complete the [Reasonable Accommodation Request Form](#) and contact the [Accommodations Specialist](#) at your campus. It is recommended that reasonable accommodation requests be made 30 days prior to class start date to allow time for accommodations to be coordinated. Requests for reasonable accommodation must be made a minimum of fourteen (14) calendar days prior to the first day the service is needed.

Functional abilities required for participation in this program are listed below:

#### GROSS MOTOR SKILLS

- Ability to sit for extended periods of time
- Ability to be able to crawl, kneel, and work in confined spaces

#### FINE MOTOR SKILLS

- Ability to have manual dexterity needed for working on electronic devices for extended periods of time
- Ability to work with small objects as small as 2 millimeters and fine wires as small as 24 gauge
- Ability to work with small hand tools

#### PHYSICAL ENDURANCE

- Ability to perform physical activities that require use of entire body
- Ability to lift and move 30 pounds

### HEARING

- Ability to focus on a single source of auditory (hearing) information in the presence of other distracting sounds
- Ability to detect or tell the difference between sounds that vary over broad ranges of pitch and loudness

### VISUAL

- Ability to see with normal or corrected vision
- Ability to see objects in the presence of glare or bright lighting

### ENVIRONMENT

- Ability to work indoors in artificial light and in low-light conditions
- Ability to work in varied temperatures

### MATH

- Ability to perform mathematical operations and calculations quickly and accurately
- Ability to apply logic where appropriate

### EMOTIONAL STABILITY

- Ability to focus and work on a single task for extended periods of time
- Ability to appropriately function in a professional environment

### ANALYTICAL THINKING/CRITICAL THINKING

- Ability to analyze information and evaluate results to choose the best solution to solve problems
- Ability to tell when something is wrong or is likely to go wrong (problem sensitivity)
- Ability to come up with a number of ideas and solutions about a given topic
- Ability to creatively problem solve
- Ability to quickly make sense of information that seems to be without meaning or organization
- Ability to efficiently shift back and forth between two or more activities or sources of information
- Ability to sequence information
- Ability to make decisions independently
- Ability to comprehend and follow instructions/processes

### SPEECH AND COMMUNICATION

- Ability to read and comprehend information and ideas presented in writing
- Ability to communicate information and ideas in writing so others will understand
- Ability to communicate information and ideas in speaking so others will understand
- Ability to listen to and understand information and ideas presented through spoken words and sentences
- Ability to exhibit and comprehend nonverbal cues

## Functional Abilities Signature Statement

Wisconsin Indianhead Technical College has developed a set of objective functional ability criteria for this program. By signing below, I am confirming that I have read and understand the bulleted information below and the information contained in this Functional Abilities Disclosure and that I am:

- Able to meet the Functional Abilities Criteria as presented with or without accommodation.
- Will be provided with information concerning accommodations or special services upon request.

*(This signed document is needed only for those students who did not complete the online application or requested additional information.)*

Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

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