

Coastal Pines Technical College
Counseling and Special Services

Student Request for Accommodation

Notice to student: To request accommodations, please complete and sign this form. Make a copy of the form for your records. Return the original form to the Counseling and Special Services office. In order to receive services or accommodations for a disability, the student must furnish appropriate documentation of the disability to the Counseling and Special Services office. The evaluations has to be within the last 36 months. We cannot work off the IEP transitional plan, we have to have the psych evaluation for psychological issues and learning disabilities or a medical evaluation for physical disability. If you have any questions about disability accommodations, please contact:

Lauren McCullough- Point of Contact Disability Services-
Waycross, Golden Isles, Alma, Hazlehurst and Baxley Campuses –
Office # 1150, Waycross Campus, 912.285.6361 LMcCullough@coastalpines.edu

Katie Rutland, Counseling and Special Services Director
Camden and Jesup-
Office # 1141, Jesup Campus, 912.427.1527 or 912.42433645, krutland@coastalpines.edu

Personal Information:

Name _____ Student ID# _____

Address _____

City _____ State _____ Zip _____

Phone _____ Emergency Contact/Phone _____

Email Address _____

Main Campus _____

Major _____

Check one: Associate Program Diploma Program
 Certificate Program Academic Support Student
 High School Student Not Sure

Enrollment _____ Full-Time _____ Part-time

Military Information:

Are you currently active duty, veteran, a member of National Guard or a Reservist in the U.S Armed Forces?
_____ Yes _____ No

If yes specify which _____

**Coastal Pines Technical College
Counseling and Special Services**

Are you a dependent or spouse of an active duty member, veteran, a member of National Guard or a Reservist in the U.S Armed Forces? _____ Yes _____ No

If yes specify which _____

These are examples of accommodation(s) available due to disability depending on your diagnosis:

Assistive Equipment

Alternate Textbook Formats

Interpreter (Sign Language)

Other types of accommodations

- Extended Time on test and in class assignments
- Divide test into shorter segments if longer than _____ minutes
- Preferential seating in classroom: _____ front, _____ back
- Less distracted testing area
- Note-taker (class volunteer or provided by instructor)
- Permission to use assistive devices (recorder, calculator or word processor)
- Permission to use calculator for math related class and test as long as it does not compromise the integrity of the course curriculum.
- Audio/tape/CD textbooks
- Closed captioning on videos
- Verbal or written instructions for assignments

*** Accommodations are granted based on documentation provided by licensed physician or clinician.**

Services that will not be provided:

- Personal devices such as personal computers, wheelchairs, hearing aids or glasses, or assistive technology to be used at home.
- Personal services such as assistance with eating, toileting or dressing
- Accommodations that lower or change classroom standards or program standards.

Student Signature: _____ **Date:** _____

By signing this document I acknowledge that I have reviewed the items within this packet and understand my rights and responsibilities with disability services. I understand that accommodations are granted based on documentation and following ADA/Section 504 guidelines.

Special Services Signature: _____ **Date:** _____

**Coastal Pines Technical College
Counseling and Special Services**

CONFIDENTIAL DISCLOSURE STATEMENT

I, _____, hereby authorize Coastal Pines Technical College to obtain documentation of the stated disability(s) and to contact and discuss this information with necessary Coastal Pines Technical College faculty/staff and other applicable support agencies. I understand that the purpose of communicating any such information is to allow the college to plan for any accommodations and adjustments, which may be necessary in order to provide an equal educational opportunity.

I have been advised to bring a copy of my schedule to the disability counselor each term and to sign the proper form for each instructor and that it is my responsibility to give this form to the instructor and discuss it with them. I understand that all aspects of my financial aid are my responsibility. I hereby certify that I am 18 years of age or older.

Furthermore, I authorize Coastal Pines Technical College to discuss or release test scores, grades, and any other documentation to:

_____ and/or _____ and/or _____
(Parent, guardian, spouse, Voc Rehab, VA Rehab or other person listed)

This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made. This authorization expires without express revocation 5 years from the date, which appears below.

Student Signature: _____ **Date:** _____

OFFICE USE ONLY:

Documentation Requested: _____ Received: _____

Name of diagnosing agency (circle one) Voc Rehab, VA Rehab, Other:

Name of diagnosing Clinician/Physician: _____ Phone Number _____

Receiving Financial Aid: None ____ Pell ____ Hope ____ VA ____ Voc Rehab ____ Other _____

**Coastal Pines Technical College
Counseling and Special Services**

Students Rights and Responsibilities

Please read and sign below acknowledging that you have reviewed your rights and responsibilities.

Students with disabilities have the right to:

- Equal access to courses, programs, services, jobs, activities, and facilities available through Coastal Pines Technical College.
- Reasonable, appropriate, and effective accommodations, academic adjustments, and/or auxiliary aids determined on an individual basis.
- Appropriate confidentiality of all information pertaining to his/her disability with the choice of whom to disclose their disability to except as bylaw.
- College information available in accessible formats.

Students with disabilities have the responsibility to:

- Meet the qualifications and essential technical, academic, and institutional standards of Coastal Pines Technical College.
- Identify themselves in a timely manner as an individual with a disability when seeking an accommodation.
- Provide the Counseling and Special Services with documentation from an appropriate source that verifies the nature of the disability, functional limitations, and the need for specific accommodations. (I understand I will not be eligible to receive services until I provide current documentation of my disability that has been issued within the last 36 months. Note: Certification of a disability will be requested only once unless the disability is determined temporary or the disability diagnoses changes. Classroom accommodations are based on the documentation you provide.)
- Follow the procedures for obtaining reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids.
- Use accommodations appropriately.
- I understand that a copy of the accommodations(s) deemed appropriate will be retained in my file while I am a student at Coastal Pines Technical College.
- I understand that my accommodations are determined on a term basis and may change each term
- I understand that it is my responsibility to stay updated on the policies and procedures of the Counseling and Special Services Office.
- I understand that I have to follow the code of conduct set forth by Coastal Pines Technical College.
- It is my responsibility to keep all organizations assisting me updated. (Voc Rehab, VA, etc).
- **I understand that it will be my responsibility to provide the Counselor with my schedule each semester to request services and discuss accommodations.**

Student Signature: _____

**Coastal Pines Technical College
Counseling and Special Services**

Diagnostic/Documentation Requirements for Disabilities

All disabilities that affect learning and/or require a physical alteration will require current documentation (within the last three years) that verifies the disability, clarifies the areas of learning affected, and states the accommodations recommended as appropriate.

Criteria for Learning Disabilities

- Psychological Profile not more than 3 years old or Adult normed psychological test signed by an individual with the credentials to make the diagnosis
- Specific learning disability must be stated
- Individually administered intelligence test
- Information processing
- Oral language skills, social emotional status, specific academic deficits assessed
- Achievement assessment-in math, reading, written language skills
- Assessed using appropriate age norms
- Suggestions on possible accommodations for student

Criteria for ADD/ADHD

- Documentation written on letter head and signed by an individual with the credentials to make the diagnosis
- Self-report of at least 3 major behaviors from DSM-5
- Observations from 2 professionals working independently with student under direction and time constraints
- Documentation of 2 scales of ADHD behaviors
- Schizophrenia, borderline personality disorder, autism or mental retardation not the primary disability
- Suggestions on possible accommodations for student

Criteria for Brain Injuries

- Documentation written on letter head and signed by the specialist detailing the impact of the limitations on ability to participate in post-secondary program
- Current assessment using adult norms of cognitive and psychological strengths and limitations, readiness to participate, and preferred learning style from a neurologist or other appropriate medical specialist
- Evidence that impairment substantially limits one or more major life activities
- Suggestions on possible accommodations for student

Criteria for Visual, Hearing, Health, and Mobility Impairments

- Documentation written on letter head and signed by an individual with the credentials to make the diagnosis
- Include the specific diagnosis for visual/hearing/health/mobility impairment and attach any test results which measures limitations on learning
- Report should include any medications or aids used by student, including effects these have on the limitations on learning
- Suggestions on possible accommodations for student

Criteria for Psychological Disorders

- Be written on letterhead of diagnostician and signed by individual with credentials to make diagnosis
- DSM-5 diagnosis/date of diagnosis
- Assessment procedures used to make diagnosis and attach any tests used to measure learning limitations
- Major symptoms currently being manifested and date of last visit
- Level of symptom severity (Global Assessment of Functioning) and what is treatment plan and prognosis
- Report should include current medications student is taking and the impact it has on learning
- Suggestions on possible accommodations