



Disability Services Application

| Student Information | |
|---------------------|-----------------------|
| Student Name: | Student ID: |
| Date: | Student Cell Number: |
| Date of Birth: | Student Phone Number: |
| Student Email: | Student Work Number: |
| Student Address: | |

******* Documentation Requirements *******

Documentation must be no older than (3) years old, prepared by a licensed health professional.

If you are seeking classroom accommodations because of a learning disability or cognitive delay: you must submit one or more of the following:

- A high school Individual Education Plan (IEP)
- A 504 Plan
- Documentation from physician or mental health care provider on letterhead with signature
- Psychological Evaluation

Documentation submitted from a doctor's office must be typed on letterhead and include the doctor's signature.

These documents must be no older than (3) years old, prepared by a licensed health professional and must verify the following:

- The nature of the disability
- The functional limitations the disability imposes
- The need for specific accommodations

How did you hear about Disability Services? (Please circle one)

HS Counselor
 DVR Counselor
 Southern Staff/Faculty
 Other _____

Campus(es) or sites you expect to attend:

Logan
 Boone
 Williamson
 Wyoming
 Lincoln

Disability and Stated Limitations (Circle all that apply):

| | | | |
|--|-----------------------|--------------------------|---------------|
| Speech Impairment | Learning Disabilities | Hearing Impairment | Partial Sight |
| ADD/ADHD | Language Impairment | Orthopedic Impairment | Blind |
| Deaf | Chemical Dependence | Psychiatric Disability | Other |
| Deaf/Blind: | Temporary Disability | Acquired Brain Injury | Other |
| Other: | Health Impairment | Developmental Disability | Other |
| DESCRIBE THE DIFFICULTIES YOU EXPERIENCE RELATED TO YOUR DISABILITY (i.e., reading, writing, concentration, memory, time management, etc.); | | | |
| PLEASE INDICATE ANY TREATMENT YOU ARE RECEIVING INCLUDING MEDICATIONS (include medication dosages if known): | | | |

Concerns on campus or with distance learning

| | |
|---|--|
| Do you have mobility concerns while on campus? | |
| How does your disability affect you as a learner? | |
| Do you have concerns with online learning? | |
| Accommodations Requested | |
| Previous disability services received? <i>(High School or College)</i> | |

| | |
|--|--|
| | |
|--|--|

Documentation

(Please bring a copy to your next meeting with the Disability Services Office.)

| | |
|---|-----------|
| Documentation submitted? | Yes No |
| Date of Documentation | |
| When was your last comprehensive diagnostic evaluation? | |
| When was your last vocational rehab assessment? | |

Student Assessment

| | |
|--|--|
| Assessment Information | |
| Did you take an Assessment Test? | <input type="checkbox"/> ACT <input type="checkbox"/> ACCUPLACER |
| Date of Assessment? | |
| If not, do you plan to take ACT or ACCUPLACER? | |
| Planning | |
| Have you chosen a major? | Yes No |
| If yes, what is your major? | |
| Will you need career assessment/exploration to help you establish a major? | Yes No |
| Financial Assistance/Program Assistance | |

| | |
|---|---|
| What Financial Assistance do you receive? | Financial Aid Veterans Benefit Division of Vocational Rehabilitation Other: Other |
| Sponsorship | |
| Are you being sponsored by an agency? (i.e. Vocational Rehabilitation) | |
| If yes, who? | |
| Contact person/counselor: | |
| Phone number: | |
| May we contact this person to discuss your progress or to get additional information about your disability? | Yes No |

Student's signature: _____ **Date:** _____

I give my permission and consent for Disability Services personnel to discuss disability or other pertinent information with the following named individuals – **parent, guardian, counselor, instructor, etc.** This permission will remain in effect until I provide written notification to the contrary or for the specific time listed here.

Date: _____

Time: _____

Of the following, please specify the topic(s) and the person(s) with whom discussion may occur.

Progress or Grades Attendance Disability Other _____ All



Southern
West Virginia Community and Technical College

(Name) (Topic[s]) (Phone #)

Progress or Grades *Attendance* *Disability* *Other* _____ *All*

(Name) (Topic[s]) (Phone #)

Progress or Grades *Attendance* *Disability* *Other* _____ *All*

(Name) (Topic[s]) (Phone #)

Student's Signature: _____ **Date:** _____

Books in Alternate Format

Students with certain types of disabilities, such as a visual impairment, blindness, or print disabilities, may benefit from textbooks presented in alternate format, particularly audio. Books on audio will need to be purchased from the publisher. Therefore, before a student will be given an e-file from the publisher, he/she **must** provide a receipt for the purchase of the hard copy of the text. It may take 6 to 8 weeks for Disability Services to receive books on audio from a publisher.



Therefore, if students expect to have books in alternate format by the first day of classes, requests must be made in a timely manner. Students needing textbooks in alternate format must make their requests each semester.

When receiving books in alternate format, it is the student's responsibility to:

- Make requests in a timely manner in order to receive books in alternate format for the first day of class
- The publisher will require students to purchase the textbook as an e-file
- Work with the publisher to receive the textbook e-file from the publisher
- Provide the Disability Office a receipt for the purchase of the hard copy of the text given to them by the publisher
- Recognize that it takes 6 to 8 weeks for Disability Services to receive the books from publishers
- Make requests for books in alternate format each semester

Will you need books in alternate format? Yes No

If yes, please sign that you understand your responsibility in receiving books in alternate format.

Student's Signature: _____ **Date:** _____

AUTHORIZATION FOR INFORMATION RELEASE AND CONFIDENTIALITY

The Family Educational Rights and Privacy Act (FERPA), requires institutions of higher education to establish written policies and guidelines governing the review, inspection, release, and maintenance of student educational records.



Please note the following:

- The Division of Student Services is the college agent charged with the responsibility for collecting and maintaining disability documentation.
- Information provided to the Division of Student Services is kept in a secure file with limited access and is only shared with others with the expressed written permission of the student or as the law permits.
- A confidential file is maintained on each student that includes demographics, documentation of the disability, a record of each contact and action taken.
- Information will only be shared within the institutional community if there is a compelling reason, such as a threat to an individual's safety and/or emergency situation.
- Consent of the student will be requested prior to releasing medical/psychological documentation to a third party or as the law permits.
- Confidentiality is not maintained in the case of child abuse, suicidal or homicidal intent.

I, _____ authorize Disability Services at Southern West Virginia Community and Technical College (SWVCTC) to release this information to the appropriate faculty and staff members in the coordination of my accommodations at SWVCTC. I grant permission for Disability Services to obtain a copy of my schedule each semester to receive accommodations. I understand that I need to meet with Disability Services at least once every semester. I fully understand that my records are confidential and can be released to **NO ONE** without my signature of permission or as the law permits.

Signature of Student

Date

Student Rights and Responsibilities

Student Rights

Students with disabilities at Southern West Virginia Community and Technical College have the **right** to:



- information (in accessible formats);
- confidentiality: information about a student's disability will not be disclosed without the written permission of the student, unless it is required by law;
- an equal opportunity to learn;
- reasonable and effective accommodations and services; and
- equal access to activities, programs, services, facilities, and courses offered by the college.

Student Responsibilities

Students with disabilities at Southern West Virginia Community and Technical College have the **responsibility** to:

- register with the Office of Disability Services;
- disclose their disability in a timely manner;
- provide appropriate documentation;
- when necessary, receive information, counseling, and assistance;
- follow the college's policies and procedures for all students;
- follow the college's policies and procedures for obtaining reasonable accommodations and services; and
- meet the requirements and maintain the standards for all activities, programs, services, and courses.

Return Completed Disability Services Application to:

Southern West Virginia Community and Technical College
Office of Disability Services/Logan Campus
Dianna Toler, Director of Disability and Adult Services
PO Box 2900
Mount Gay, WV 25637
Email: dianna.toler@southernwv.edu

FIND YOUR DIRECTION!

For more information visit us online at southernwv.edu

Accredited by The Higher Learning Commission. AA/EQ/ADA Institution. Southern West Virginia Community & Technical College is an Affirmative Action/ADA/Equal Opportunity Employer. Southern does not discriminate on the basis of race, color, national origin, ethnicity, sex, disability, age, religion, gender, sexual or gender orientation, marital status, and veteran status in the administration of any of its educational program, activities, or with respect to admission or employment. Faculty, staff, students, and applicants are protected from retaliation from filing complaints or assisting in an investigation. Please contact the following concerning inquiries regarding non-discrimination policies and complaints: Title IX Coordinator-Darrell Taylor 304.896.7432; Affirmative Action Officer-Debbie Dingess 304.896.7408; Section 504 ADA Coordinator-Dianna Toler 304.896.7315