



Disability Services

STEPS TO SECURING REASONABLE ACCOMMODATIONS FOR A DISABILITY

If you believe you have an academic disability that requires accommodation, print the following pages and complete the steps outlined below. **Initial on the line beside each step upon completion.**

- _____ 1. Print this packet.
- _____ 2. Complete the Angelina College Disability Accommodation packet.
- _____ 3. Secure documentation (no more than 5 years old) of your disability and attach it to the application. (Angelina College does not provide or pay for testing/diagnosis for disabilities.) **See page 2 for explanation of documentation required.**
- _____ 4. At least four (4) weeks before the beginning of your first semester at AC, contact the Disability Services Office located in the Student Center room 205 or access@angelina.edu.
- _____ 5. Your application and documentation will be considered by the Manager of Disability Services, who will review your materials and establish appropriate, reasonable accommodations for your disability while at AC. No application will be considered until all documentation is complete. **NOTE: Disability Services must maintain confidentiality about you and your reviewed materials.**
- _____ 6. You will receive notification of approved accommodations via your student email address. Your instructors will be notified via email as well.
- _____ 7. At the beginning of each subsequent semester, to maintain disability accommodations, you must:
 - A.** Submit a copy of your class schedule to the Disability Services Office in the Student Affairs room 205.
 - B.** Communicate with the Office of Disability Services about your academic status and any needs/problems you encounter during the semester.

Remember that disability accommodations are adjustments that allow you to work through academic barriers presented by your disability; **course content and test content will not be altered.**

Angelina College does not provide transportation services to a campus, learning center, or from one class to another. Angelina College does not provide personal assistants for such activities as getting in or out of wheelchairs, restroom attendance, or cleaning.

Documentation Required

Evaluations/diagnoses that are usually sufficient documentation include, but are not limited to, the following, as long as they contain the information listed under "Documentation Requirements" and **do not exceed the five-year limit:**

1. DARS Evaluations
2. Results of testing done by a private counselor (LPC) or clinical psychologist.
3. Medical diagnoses by a licensed physician
4. Public school evaluations that were completed by a qualified professional diagnostician and contain **testing information and list modifications routinely supplied by the school.** (ARD meeting results are not in themselves adequate documentation of a disability.)

Documentation Requirements:

- ___ 1. A diagnosis of current disability (done within 5 years)
- ___ 2. The date of the diagnosis
- ___ 3. How the diagnosis was reached (names of evaluation instruments and criteria, if appropriate to diagnosis)
- ___ 4. How the disability affects a major life activity
- ___ 5. The areas of educational impact
- ___ 6. Prescriptive treatments and/or medications and the impact on the disability
- ___ 7. The credentials of the diagnostician
- ___ 8. **Specific suggestions for reasonable accommodations appropriate to the postsecondary education level**

I have read the information above and understand what my responsibilities are as a student receiving disability accommodations at Angelina College.

Student Signature

Date

This student was given a copy of this signed document.

*Office of Disability Services or
Director of Student Affairs*

Student Initials

Date



Application For Disability Services

ANGELINA COLLEGE welcomes you to FIND YOUR FUTURE. To provide the best possible disability accommodations, Student Services needs the information below. PLEASE PRINT LEGIBLY.

Part I – General Information

Full Name: _____
Last Name First Name Middle Name

Date of Application: _____ Student ID No. _____

Date of College Entry: _____ Date of Birth _____ / _____ / _____
Semester Year Month Date Year

AC Email Address: _____

Permanent Address: _____
Street Number or PO Street Name City State Zip

Local Address: _____
Street Number or PO Street Name City State Zip

Telephones: _____
Cell Phone Home Phone

Is assistance required for registration/orientation? (*Check One*) _____ Yes _____ No

Part II – Disability Information (All information about your disability is treated as confidential.)

Name of Primary Disability: _____

Additional Disability (if applicable): _____

Additional Disability (if applicable): _____

Attach documentation of any disability claimed. (See Documentation Requirements, on Steps to Securing Reasonable Accommodations for a Disability.)

Check the classroom accommodations that you think would be appropriate for your disability. Your requests will be reviewed and compared to the recommendations from your diagnostician, and the Manager of Disability Services will designate the appropriate accommodations for you according to your documented need.

- ☐ Copy of class notes (from instructor, if possible) **or** ☐ In-class note taker
- ☐ Preferential front seating (for concentration and/or lip reading)
- ☐ Written and oral directions for tests and assignments
- ☐ Extended time for tests and/or assignments *completed in the regular class meeting time* (up to 1.5 hours extra)
- ☐ Test reader
- ☐ Test scribe
- ☐ Sign language interpreter (☐ ASL ☐ English ☐ MSL ☐ Other)
- ☐ Alternative to Scantron answer sheets
- ☐ Alternative testing environment, non-distractive
- ☐ Special seating (near door; table for wheelchair access, other requirement for wheelchair access)
- ☐ Oral testing
- ☐ Frequent absences (with medical documentation)
- ☐ Tape record lectures (using student-owned recording device)
- ☐ Assistance in obtaining alternative format books (accessible from Recordings for the Blind and Dyslexic for download to student's personal computer or MP3 player)
- ☐ Large print tests
- ☐ Assistive devices
 - ☐ FM hearing amplifier (closed system)
 - ☐ Enlarged print
 - ☐ Tinted overlay
 - ☐ AlphaSmart for note taking
 - ☐ One-hand keyboard
 - ☐ Talking calculator
 - ☐ Zoomtext software
 - ☐ Talking Typer software
 - ☐ Jaws Software
 - ☐ Magnification
 - ☐ Scanners
 - ☐ CCTV
 - ☐ Other

Part III – Other Information

A. How will your disability limit or affect your activities/classroom work at Angelina College?

B. Please indicate any agency of which you are currently, or have been in the past, a client:

_____ Texas Commission for the Blind

_____ Texas Department of Deaf and Hard of Hearing Service

_____ Texas Workforce Commission (Workforce Solutions, WIA, Vocational Rehabilitation Services)

_____ Burke Center or other Texas Department of Health and Human Services

_____ Other Agency (Please specify name: _____)

C. Please identify the counselor(s) you work with in any agency listed above, their office location and telephone numbers:

_____ <i>Counselor Name and Agency</i>	_____ <i>City in Which Office is Located</i>	_____ <i>Office Telephone</i>
_____ <i>Counselor Name and Agency</i>	_____ <i>City in Which Office is Located</i>	_____ <i>Office Telephone</i>

D. Please identify the professional person(s) who diagnosed your disability:

_____ <i>Diagnostician Name and Credentials (for example, M.D., Ph.D., LPC)</i>	_____ <i>Office Phone</i>
_____ <i>Diagnostician Name and Credentials (for example, M.D., Ph.D., LPC)</i>	_____ <i>Office Phone</i>

E. Do you take medications that affect your disability or in some way may affect your class work? If so, please list these:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

I have read and understood the Steps to Securing Reasonable Accommodations.

I have read and understood the information on this accommodations application form and the information supplied is true and accurate to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature (if student is under age 18)

Date

To Be Completed by Disability Services:

Date of Initial Meeting: _____

Persons Present at Initial Meeting: _____

Date of Issuance of First Instructors' Memos: _____

Special Issues of Concern Expressed by Student: _____

Date of Record Release Form: _____

Records May Be Released to: _____