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 206 or studentservices@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 Center Room 206.
   B. Communicate with the Disability Services Office about your academic status and any needs/problems you encounter during the semester.

_____  8. Angelina College adheres to and annually informs students of the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. This act, with which the institution intends to fully comply, was designed to protect the privacy of student records. Under FERPA, eligible students have certain rights with respect to their student records. NOTE: If you need to authorize a family member or individual to have access to your Accommodations and Academic records, you must submit the FERPA Release form. This form is located on the AC Portal, select the Admissions tab and scroll to the bottom of the page. Students must log in on the Portal to access the FERPA Release form.

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.
Documented 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 diagnostian 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 diagnostian
___ 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
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 (up to 1.5 times regular time)
___ Extended time for in-class assignments (up to 1.5 times regular time)
___ Test reader (using computer narration software)
___ Sign language interpreter
___ Reader pen
___ Alternative testing environment, non-distractive
___ Special seating (near door; table for wheelchair access, other requirement for wheelchair access)
___ Frequent absences (with medical documentation)
___ Tape record lectures (using student-owned recording device)
___ Large print tests
___ Paper and pencil tests
___ Assistive devices
   ___ Zoomtext software
   ___ JAWS Software
   ___ Other

Are you requesting accommodations for the TSI Assessment?
Yes ___  No ___
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:

<table>
<thead>
<tr>
<th>Counselor Name and Agency</th>
<th>City in Which Office is Located</th>
<th>Office Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>_____________________________</td>
<td>________________</td>
</tr>
<tr>
<td>_________________________</td>
<td>_____________________________</td>
<td>________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Diagnostician Name and Credentials (for example, M.D., Ph.D., LPC )</th>
<th>Office Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________</td>
</tr>
</tbody>
</table>

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: ________________________________