



## Student Disability Services

### STEPS TO SECURING REASONABLE ACCOMMODATIONS FOR A DISABILITY

If you believe you have an academic disability that requires accommodations, print the following pages and complete the steps outlined below.

1. Submit documentation (no more than 5 years old) of your disability with this application. (Angelina College does not provide or pay for testing/diagnosis for disabilities.) **See page 2 for explanation of documentation required. Documents may be mailed, emailed, or delivered in person. Address: Student Disability Services, 3500 S. 1<sup>st</sup> St., Lufkin TX 75901 | Email: [disabilityservices@angelina.edu](mailto:disabilityservices@angelina.edu) | Office: Library, 2<sup>nd</sup> floor**
2. At least four weeks before the beginning of your first semester at AC, contact the Office of Student Disability Services located on the library's second floor or [disabilityservices@angelina.edu](mailto:disabilityservices@angelina.edu).
3. Your application and documentation will be considered by the Manager of Student 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: The Office of Student Disability Services must maintain confidentiality about you and your reviewed materials.**
4. You will receive notification of approved accommodations via your student email address. Your instructors will be notified via email as well.
5. **At the beginning of each subsequent semester, to maintain disability accommodations, you must notify the Office of Student Disability Services that you want accommodations.** You may call (936) 633-4504 or email [disabilityservices@angelina.edu](mailto:disabilityservices@angelina.edu). Also, be sure to communicate with the Office of Student Disability Services about your academic status and any needs/problems you encounter during the semester.
6. 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 Students tab, then Student Forms. 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.

## 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*



Application for Disability Services

ANGELINA COLLEGE welcomes you. To provide the best possible disability accommodations, the Office of Student Disability 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: Semester Year Date of Birth 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

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

Name of Primary Educational Disability:

Additional Educational Disability (if applicable):

Additional Educational 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 Student 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
- Written and oral directions for 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) (does not extend deadline dates)
- 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 (on campus only)
  - JAWS Software (on campus only)
  - Other

Are you requesting accommodations for the TSI Assessment?

Yes  No

**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*

**REMEMBER: You must notify (call or email) the Office of Student Disability Services each semester that you want accommodations. Phone: 936-633-4504 | Email: [disabilityservices@angelina.edu](mailto:disabilityservices@angelina.edu)**

**To Be Completed by the Office of Student 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: \_\_\_\_\_