



Guidelines for Disability Support Services

- 1*. Complete attached application for services, including Consent Form, and return to the Office of Disability Support Services. Explain the nature of the disability on these forms. Explain in detail what accommodations are needed. Remember to be specific.
- 2*. Provide official documentation of disability to the Office of Disability Support Services. This documentation must be obtained from a qualified professional (physician, psychologist, etc.) and should include a description of the disability type and recommendations for appropriate accommodations. Written, professional documentation is **required**, even when the disability can be otherwise proven. No accommodations can be provided until proper documentation is on file.
3. The Reasonable Accommodations Committee will respond to requests within thirty (30) days.
4. Meet with the Coordinator of Disability Support Services for further discussion of services needed and services to be provided.
5. Should an additional request for accommodations arise, students who have already registered with the Office of Disability Support Services need not re-apply. Any student wishing to add or change the accommodations they originally requested should notify the Coordinator of Disability Support Services. Accommodations approved by the Reasonable Accommodations Committee will be valid until revoked by the student.

Return all materials to Disability Support Services at Copiah-Lincoln Community College:

Rae Brown
Wesson Campus
Henley Building
P.O. Box 649
Wesson, MS 39191
601.643.8424

Rukiya Abston
Natchez Campus
Tom Reed Academic Building
30 Campus Drive
Natchez, MS 39102
601.446.1225

Lauren Miller
Simpson County Center
Parker Academic Building
151 Co-Lin Drive
Mendenhall, MS 39114
601.849.0121



Office of Disability Support Services

Application for Services

Name: _____ ID #: _____ Date: _____

Social Security #: _____ Date of Birth: _____ Gender: _____

E-mail Address: _____

Permanent (HOME) Address: _____

School Address (if different): _____

Phone Numbers: _____

Home

Cell

Other

List high schools and colleges previously attended below:

NAME OF SCHOOL

ADDRESS

DATES ATTENDED

_____	_____	_____
_____	_____	_____
_____	_____	_____

- Are you a transfer student? ☐ YES ☐ NO
- Classification: ☐ Freshman ☐ Sophomore
- Please list your intended major: _____
- Are you a citizen of the United States? ☐ YES ☐ NO
- In case of an emergency, contact: _____ phone: _____
- Are you a client of Vocational Rehabilitation Services? ☐ YES ☐ NO

If yes, is attendance at Co-Lin part of your Rehabilitation plan? ☐ YES ☐ NO ☐ Don't Know

Name of your VR Counselor: _____

VR Counselor's Phone number: _____



Office of Disability Support Services

- Type of Disability: ☐ Deaf / Hard of Hearing ☐ Learning Disability
☐ Blind / Visually Impaired ☐ Mobility Impaired
☐ Other: _____
- Documentation from the appropriate treating professional is required in order to receive disability support services. Please list those who will be providing documentation for your file:

<u>NAME</u>	<u>AGENCY</u>	<u>TYPE OF DOCUMENTATION</u>
_____	_____	_____
_____	_____	_____

- Please give a brief description of the disability, AND how the disability affects (1) major life activity and (2) academic pursuits. _____

- List academic strengths and weaknesses: _____

- What specific accommodations are necessary for your success in the college setting? Please be very specific, listing each accommodation requested with as much detail as possible. Accommodations may include modifications to instruction, equipment, schedule and/or other areas. Remember, all accommodations requested must be appropriate to the disability, and must be supported by documentation from your treating professional(s).

I understand that the Office of Disability Support Services will not disclose my records to others unless I give permission for them to do so, or unless the law authorized or compels them to do so.

SIGNATURE

DATE



Office of Disability Support Services

CONSENT FORM

Student's Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

I hereby authorize Copiah-Lincoln Community College's Office of Disability Support Services to communicate with the following as needed (please check any or all appropriate):

☐ Parents or Guardians

List exclusions, if any: _____

☐ Co-Lin Faculty/Staff; other On-Campus services (Student Services, Housing, etc.)

List exclusions, if any: _____

☐ Off-Campus Services (i.e. Professionals, Schools, Vocational Rehab, etc.)

List exclusions, if any: _____

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance, or information that may relate to accommodating student's needs on Co-Lin's campus.

Signature: _____

Date: _____

Witnessed by: _____

Date: _____

This consent form will be valid until revoked by the student.

A photocopy of the original consent form shall be as valid as the original consent form.



General Guidelines for Documentation of a Disability

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 both require institutions of higher education to provide *equal access to educational opportunities to otherwise qualified "persons with disabilities."* Therefore, students requesting services from the Disability Support Office are required to submit documentation of the disability in order to verify their eligibility under these laws. It is the student's responsibility to seek and present documentation, which consists of an evaluation by an appropriate professional and a description of the current impact of the disability as it relates to the accommodations requested. The documentation provided is then used to evaluate the request for accommodations or aids. All documentation presented to the Disability Support Office is confidential and kept in confidential files.

The following guide for documentation is provided to assist you in working with your treating professional(s) to prepare the information needed to evaluate your request for accommodations. All documentation should be recent (within last three years) and should include a clear statement of the disability and its impact as it relates to the accommodation request. As appropriate to the specific disability, documentation should include:

- ❑ A diagnostic statement *clearly* identifying the disability, date of the most current diagnostic evaluation, and date of the original diagnosis.
- ❑ A description of the diagnostic tests, methods, and/or criteria used including specific test results (including standardized test scores) and the examiner's narrative interpretation.
- ❑ A description of the current functional impact or limitations of the disability on learning and other major life activities, and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- ❑ A description of treatments, medications, assistive devices, accommodations and/or assistive services in current use, as well as recommendations and rationale for accommodations to be provided in the post secondary learning environment.
- ❑ A description of the expected progression or stability of the impact of the disability over time.
- ❑ The credentials of the diagnosing professional(s), including name, title, professional certifications, licensure, and qualifications; and contact information (location/address, telephone number, email address, etc.). Please note that diagnosing professionals shall not be family members or others with a close personal relationship with the individual being evaluated. All documentation should be dated and signed by the treating professional(s).

Requests for accommodations and supporting documentation *must be initiated by the student*. Reasonable accommodations cannot be implemented until the student's documentation is complete. Once both the written request for accommodations *and* the documentation is received, the Reasonable Accommodations committee will review the application and will respond within thirty (30) days.