



## 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:	

<p><b>***** Documentation Requirements *****</b></p> <p><b>Documentation must be from a doctor/physician, vocational rehabilitation, school psychologist or other licensed health professional and meet the following criteria:</b></p> <ul style="list-style-type: none"> <li>○ Be on letterhead, dated and signed by the professional</li> <li>○ Be issued within the last three years</li> <li>○ State a specific diagnosis or disability (such as DSM)</li> <li>○ State the functional limitations the disability imposes</li> <li>○ List specific recommendations for accommodations in the academic setting</li> </ul> <p>Examples of documentation may include: medical records, audiology/visual reports, vocational assessments, and/or psychological/neuropsychological evaluations, letters from healthcare professionals certified in their field of diagnosis</p> <p>The following documents can be used to support the above documentation, but may not be enough on their own: a high school Individual Education Plan (IEP), a 504 Plan with DSM diagnoses</p>
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<p><b><u>How did you hear about Disability Services?</u></b></p> <p> <input type="checkbox"/> HS Counselor              <input type="checkbox"/> DVR Counselor              <input type="checkbox"/> Southern Staff/Faculty              <input type="checkbox"/> Other       </p>
<p><b><u>Campus(es) or sites you expect to attend (Check all that apply)</u></b></p> <p> <input type="checkbox"/> Logan              <input type="checkbox"/> Boone              <input type="checkbox"/> Williamson              <input type="checkbox"/> Wyoming              <input type="checkbox"/> Lincoln       </p>

**Disability and Stated Limitations (Check all that apply)**

Speech Impairment	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Partial Sight
ADD/ADHD	<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Blind
Deaf	<input type="checkbox"/> Chemical Dependence	<input type="checkbox"/> Psychiatric Disability	<input type="checkbox"/> Other
Deaf/Blind	<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Other
Other:	<input type="checkbox"/> Health Impairment	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Other
<b>Describe the difficulties you experience related to your disability: (i.e., reading, writing, concentration, memory, time management, etc.)</b>			
<b>Please indicate any treatment you are receiving including medications: (include medication dosages if known)</b>			

**Concerns on campus or with distance learning**

Do you have mobility concerns while on campus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does your disability affect you as a learner?	
Do you have concerns with online learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accommodations Requested:	
Previous disability services received? <i>(High School or College)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Documentation submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Documentation	
When was your last comprehensive diagnostic evaluation?	
When was your last vocational rehab assessment?	

**Assessment Information**

Did you take an Assessment Test?	<input type="checkbox"/> ACT <input type="checkbox"/> ACCUPLACER <input type="checkbox"/> SAT
Date of Assessment?	
If not, do you plan to take ACT, SAT, or ACCUPLACER?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Academic Planning**

Have you chosen a major?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your major?	
Will you need career assessment/exploration to help you establish a major?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Financial/Program Assistance**

What Financial Assistance do you receive, if any? (Check all that apply)	<input type="checkbox"/> Financial Aid (Pell Grant, Student Loans, WVHEG, etc.) <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Division of Vocational Rehabilitation <input type="checkbox"/> Other: <input type="checkbox"/> None
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### **Sponsorship**

Are you being sponsored by an agency? (i.e. Vocational Rehabilitation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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*

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

*Progress or Grades*    *Attendance*    *Disability*    *Other* \_\_\_\_\_    *All*

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

*Progress or Grades*    *Attendance*    *Disability*    *Other* \_\_\_\_\_    *All*

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(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 six to eight 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.

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Signature of Student

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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  
Brian S. Carter, Student Success Advisor with Disability Services  
PO Box 2900  
Mount Gay, WV 25637  
Email: [brian.carter@southernwv.edu](mailto:brian.carter@southernwv.edu)

**FIND YOUR DIRECTION!**

For more information visit us online at [southernwv.edu](http://southernwv.edu)

Accredited by The Higher Learning Commission. AA/EO/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