

Statement of Student Responsibilities

New Students:

- Meet with the Accessibility Counselor
- Complete the Accommodation Request form and return it to the Accessibility Counselor
- Complete the Consent to Release Confidential Information form and return it to the Accessibility Counselor.
- Provide documentation of your disability.
- Complete the Isothermal Community College admissions process including taking the placement test, providing transcripts, etc. as outlined in the Isothermal Community College Catalog.
- Comply with all policies, codes and regulations of Isothermal Community College as outlined in the Isothermal Community College Catalog.

**** Students who are returning after a lapse in time should make contact with the Disability Services Counselor. Documentation of the disability will need to be reviewed and may need to be updated.**

Each Semester:

- Schedule an appointment with the Accessibility Counselor to sign and pick up Instructor Accommodation letters.
- Notify the counselor of any change in your schedule after the term begins.

I have disclosed to Isothermal Community College that I have a disability and have requested accessibility support services. I understand my responsibilities as listed above and that the information and documentation that I have provided is true.

Student's Signature _____

Date _____

Accommodation Request Form

Please fill out this form completely

Isothermal Community College is committed to providing access to facilities and reasonable accommodations in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. You have identified yourself as an individual with a disability. If you are requesting classroom accommodations, please complete this form and return it with documentation of your disability to:

Alfreda Lindsay, Accessibility Counselor,
PO Box 804 Spindale, NC 28160.
(828) 395-1732-(Direct Line)/ (828) 286-8109 (fax)

Name: _____ Date of request: _____

Student ID #: _____ DOB: _____

Address: _____

Phone Number (h): _____ cell: _____

Email address: _____

Emergency Contact name and number: _____

Type of Disability/Diagnosis (check all that apply):

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Physical Limitation
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Psychological/Mental Disorder
<input type="checkbox"/> Other Condition	<input type="checkbox"/> Autism/Asperger's	(_____)
(_____)		

Please list the accommodations you are requesting:

<input type="checkbox"/> Extended testing time	<input type="checkbox"/> Read aloud	<input type="checkbox"/> Preferential Seating
<input type="checkbox"/> Separate Testing Setting	<input type="checkbox"/> Note Taker	<input type="checkbox"/> Handicapped Parking
<input type="checkbox"/> Tape Recorder in class	<input type="checkbox"/> Scribe	<input type="checkbox"/> Interpreting Services
<input type="checkbox"/> Wheel-Chair accessible rooms	<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Counseling/Advocacy Services
<input type="checkbox"/> Books in alternative format	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Other _____

Before accommodations can be implemented you must provide appropriate documentation of your disability and meet with the Accessibility Counselor to discuss your request.

Documentation guidelines: Documentation is necessary because a professional assessment is the basis for determining reasonable services and accommodations. Please see the Accessibility Counselor for guidelines on your specific diagnosis.

Signature: _____ Date: _____

Staff Documentation not write in this section

Documentation Received _____ Accommodations Approved _____
Denied _____ Adjusted _____
Accommodation letter given _____

ACCESSIBILITY SERVICES
ISOTHERMAL COMMUNITY COLLEGE

For the purpose of providing appropriate services and determining reasonable accommodations, it is often necessary for the Accessibility Support Counselor to exchange information with others who have a legitimate need to know. The Accessibility Counselor will exercise professional discretion when releasing any confidential information. However, there are *exceptions* to confidentiality in certain instances. We do not need a release to disclose information if someone threatens to harm themselves or others or needs to be hospitalized for other reasons. We are required to report to the proper authorities if someone indicates abuse of a child, elder, or disabled person. In addition, if there is a court order for information about a person, we are required to disclose the information requested. In all of these situations, we will try to make every effort to involve you in the process if a report must be made.

Name of Student/Applicant Date of Birth Student ID or SS #

**I CONSENT FOR THE RELEASE OF INFORMATION
TO THE FOLLOWING THIRD PARTY MEMBERS:**

_____ Faculty _____ Parents/Guardians _____ College Counselor(s)
(Initial here) (Initial here) (Initial Here)

_____ The Division of Vocational Rehabilitation
(Initial here)

_____ Other College Officials (i.e. Financial Aid, Records, Director of Plant Operations, etc.)
(Initial here)

_____ Mental Health Provider, please specify: _____
(Initial here) _____

_____ Other(s): _____
(Initial here)

**I CONSENT THAT THE INFORMATION INDICATED BELOW
MAY BE DISCLOSED TO THE ABOVE INITIALED PARTIES:**

_____ (initial here) I consent to the release by Alfreda Lindsay, of any information she has concerning the student to the above-named third party. This includes but is not limited to background data, diagnosis, academic performance, and educational planning data.

_____ (initial here) I also consent the release to Alfreda Lindsay, any information the above-named third party has concerning the client/student. This includes but is not limited to background data, findings, diagnosis, treatment, and educational records or planning data.

_____ (initial here) I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by Isothermal Community College unless otherwise specified.

Signature of Student Date

Signature of Parent, Guardian or Date
Authorized Representative (when required)



Thank you very much for your cooperation.

Alfreda Lindsay, Accessibility Counselor Date



CONSENT OF RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U. S. Department of Education. Schools must have written permission form the eligible student in order to release any information from a student's education record other than directory information.

I, _____, (Student) give permission for _____ (Isothermal Employee/Department) to discuss my schedule, grades, progress in class, behavior, financial aid information, etc. with _____ (Specified Party, e.g. Parent, Legal Guardian, Case Manager, etc.). This waiver is only good for the _____ academic year for the individual indicated above.

I understand that FERPA guarantees my right to privacy and that this request has been made by me for a specific e reason. I also understand that I can revoke this right at any time if I choose to do so, but that the revocation must be done in writing.

Student

Date

Witness

Date