Office of Student Accessibility Services Identification Process

Steps to Receiving Accommodations

Central Carolina Community College has adopted the following non-discrimination statement to guide its delivery of services to students with disabilities: "No individual shall, by reason of disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which otherwise qualified. The college may make program adjustments in instructional delivery and may provide supplemental services to enable students with disabilities to participate in activities compatible with their condition and interest." The accommodation process is listed below.

1. Students must self-identify to the Office of Student Accessibility Services Office to request accommodations. Submit requests before each semester or expect a delay.

2. The student must provide current medical documentation of the disability for which accommodations are requested. Documentation includes a diagnosis and symptoms, recommendations for accommodations, and a list of all currently prescribed medications and side effects if not taken as prescribed. The information must be on official letterhead with contact information (not on a prescription memo pad). Please include a professional's signature.

3. Once documentation is received and reviewed. The student meets with the Office of Student Accessibility Services to determine appropriate accommodations.

4. Then, the Coordinator will email the Accommodation Plan to the student's instructor(s). Their advisor will also be made aware of items that are taken into consideration for successful academic planning, the student consents to a release to their advisor.

5. The student and instructor(s) will meet to discuss, agree to, and sign the Accommodations Plan. Accommodations are not retroactive and begin the day on which the faculty receives the Accommodations Plan. Student Schedule Request form must be completed each semester.

Where to locate forms and documentation guidelines?

The Identification Packet and Documentation Guidelines are located on the CCCC Student Accessibility Services Webpage, Student Accessibility Services Website.

What is the Response Time for a request?

Response time varies throughout the year, and all requests are processed in the order they are received. Typically, within 10-14 days after the forms and documentation have been received and reviewed, the Coordinator of Student Accessibility Services will contact you (usually via CCCC Cougarmail email) to schedule an appointment. However, during high volume times of the year, the process may take longer. Therefore, it is strongly

recommended that forms and documentation be submitted at least 30 days prior to the start of the semester of class.

Are there additional steps for future semesters?

Every student must complete a Student Schedule Request at the beginning of each semester enrolled and any time their schedule changes, giving the Student Accessibility Services coordinator permission to notify instructors of accommodations. Accommodation plans are not active until this document is received and accommodation plans are signed with your instructor. Schedule request forms can be found on the webpage: www.cccc.edu/ada.

Office of Student Accessibility Services

Self-Identification and Impact Statement

Name: _____ Student ID Number: _____

Address: _____

Phone: _____

CCCC E-mail Address: _____@cougarmail.cccc.edu

Program of Study (major): _____

Term Entering (check one):

☐ Fall

☐ Spring

☐ Summer

Year: _____

Emergency Contact and Phone #:

_____

_____

List current medications, if any, you are prescribed:

_____

_____

Are you taking them as prescribed?

☐ Yes

☐ No

☐ N/A

If your prescription changes, please contact the Office of Student Accessibility Services.

How does this disability affect you in an educational setting?

_____

_____

_____

_____

What accommodations have you used in the past (i.e. high school, other colleges)?

_____

_____

_____

_____

What accommodations are you requesting at Central Carolina Community College? *Be specific*.

_____

_____

_____

_____

Where did you hear about Student Accessibility Services? (We want to ensure our outreach efforts are effective.)

- ☐ CCCC Website
- ☐ New Student Orientation
- ☐ CCCC Instructor
- ☐ CCCC Advisor/Education Navigator
- ☐ High School Advisor/Counselor/Teacher
- ☐ Other: _____

Office of Student Accessibility Services Identification Process

Consent for Release of Confidential Information

I, _____, authorize Central Carolina Community College's Office of Student Accessibility Services Office to discuss (1) the nature of my disability, (2) the particulars of my academic progress, and/or (3) other selected, appropriate information that is deemed necessary to implement accommodations that will provide equal access to Central Carolina Community College's services, activities, and programs.

I provide consent for the following: Please initial your choice(s).

	INITIAL
Parent: _____	_____
Central Carolina Faculty and Staff	_____
Agencies (High school, Voc. Rehab.)	_____
Therapist or Doctor	_____
Other: _____	_____

Agencies or programs of which you are a client or from which you receive support (e.g., Division of Services for the Blind, Vocational Rehabilitation, Department of Veterans Affairs)

Name of **Agency #1:** _____

Address _____

Telephone Number _____

Name of Contact _____

Name of **Agency #2:** _____

Address _____

Telephone Number _____

Name of Contact _____

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 the Office of Student Accessibility Services Office of Central Carolina Community College.

Student signature: _____ Date: _____

Witness signature: _____ Date: _____

Office of Student Accessibility Services

Student Schedule Request Form

This form must be updated and submitted to the Office of Student Accessibility Services prior to **each semester of enrollment**. Accommodations cannot be provided without this information. If the student's schedule, instructor, or involvement in extracurricular activities change during the semester please notify the Coordinator. For changes to your previous accommodations you will need to speak with the Coordinator in advance. At that point, new medical documentation may be requested. **Remember, you are responsible for meeting with your instructors at the beginning of the semester.** The Coordinator will email you when your plan has been sent to your instructors.

Name: _____ Student ID Number: _____

Term (check one):

☐ Fall
☐ Spring
☐ Summer

Year: _____

Course Prefix	Course Number	Course Section	Instructor's Name
ENG (Example)	*111 (Example)*	*LO1 (Example)*	*John Smith (Example)*

Extracurricular Activities	Group Contact
Basketball/Phi Theta Kappa (Example)	*John Smith (Example)*

Sign to send accommodation notices to my instructors requesting accommodations.

Signature: _____ Date: _____

Office of Student Accessibility Services

Acknowledgement of Office of Student Accessibility Services Information

I, _____, hereby acknowledge receipt of the Office of Student Accessibility Services information packet. I understand that the following information was made available to me for the purpose of registering as a Office of Student Accessibility Services student at Central Carolina Community College.

- Office of Student Accessibility Services Welcome and Steps to Receiving Accommodations (Pages 1-2)
- Self-Identification and Impact Statement (Pages 3-4)
- Consent for Release of Confidential Information (Page 5-6)
- Student Schedule Request Form (Page 7)

I understand it is my responsibility to read and understand the information in this packet. I also understand that all information and documentation must be complete before accommodations can be granted.

Student Signature: _____ Date: _____