



## Disability Services Intake Form

**\*This form must be completed by the student requesting Disability Services\***

### General Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Cell/Work/Other \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Campus  North Mankato  Faribault Current Major \_\_\_\_\_

SCC Entry Date  Fall  Spring  Summer Year 20\_\_\_\_  Currently Enrolled at SCC

Are you a client of the Minnesota Department of Rehabilitation Services?  Yes  No

Counselor \_\_\_\_\_ Phone \_\_\_\_\_

### Disability Information

Check all disabilities that have been diagnosed and for which current supporting documentation can be provided:

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Limited Vision	<input type="checkbox"/> Blind
<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Mobility Impairment
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Chemical Dependency
<input type="checkbox"/> Psychiatric Impairment	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> ADHD/ADD
<input type="checkbox"/> Mental Impairment		

Describe how your disability affects you:

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Describe any current treatments or medications:

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## Academic Accommodation History

Have you ever received/used accommodations in the past?

Yes

No

What accommodations have you used in the past? (*check all that apply*)

Extended testing time

Distraction reduced environment

Oral test

Computer/spellchecker

Large print

Scribe

Recorded/auditory test

Assistive technology

Note taker

Record lectures

FM wireless

Computer

Taped textbooks

Spellchecker

Interpreter

Voice activated computer

CCTV

Screen reader

Other \_\_\_\_\_

## Understanding Disability Services in College

South Central College is committed to providing reasonable accommodations so that students with documented disabilities who meet the admission requirements to the college can have ACCESS to a quality education. While the Individuals with Disabilities Act (IDEA) applies to K – 12 schools, the Americans with Disabilities Act and Section 504 of the rehabilitation Act of 1973 govern colleges and universities. Having an IEP or “504 Plan” in High School does not guarantee that a student will be eligible for disability services in college. While we are committed to providing reasonable and appropriate classroom accommodations for documented disabilities so that students will have an equal opportunity to work toward success, students in curriculum level classes in college will be expected to perform at the college level. Instructors are not expected to compromise essential course requirements.

## Statement of Confidentiality

The staff in the Academic Support Center agrees to keep all information you share with us in strictest confidence. Under the Privacy Act we are unable to disclose any information without your consent. However, we are required by law to disclose any information in the following situations; when we become aware of child abuse; when an individual clearly presents danger to self or others; or when we are subpoenaed for records or testimony by the courts.

I, \_\_\_\_\_ have read the above Statement of Confidentiality and fully  
(Full Name)  
understand its terms and conditions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Documentation of your disability must be provided to the ASC office before accommodations will be scheduled. Return this intake form and diagnostic documentation to:

Marilyn Weber, Director of Disability Services  
South Central College  
1920 Lee Boulevard  
North Mankato, MN 56003

## **Disability Services Documentation Guidelines**

It is the responsibility of the individual seeking accommodations to provide adequate disability documentation before accommodations are delivered. Any cost of obtaining this documentation is the student's responsibility.

The student will need to send or bring the following to the Academic Support Center, as appropriate.

Documentation would include:

### *Non-Medical (ADD, ADHD, Learning Disability, and Psychological Disabilities)*

- A DSM-IV diagnosis (Evaluation needs to be dated within 3 years), a summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results including standardized scores or percentiles.
- Explanation of how the disability might affect one's life skills and performance within an academic setting including the impact of medication and suggested classroom and/or testing accommodations.

### *Medical*

- Recent diagnosis (as current as possible) from a medical physician on letter head – prescription pads are not acceptable.
- Description of present symptoms, explanation of how the disability might affect one's life skills and performance within an academic setting including the impact of medication, and suggested classroom and/or testing accommodations.

Please see the SCC Disability Services website for forms offering an explanation of the required documentation that is needed. These forms can be printed out and given to your certifying professional.

## **Accommodation Guidelines**

South Central College will provide reasonable accommodations, adjustments, and/or auxiliary services that are warranted by the received documentation. SCC makes the final decision in selecting from equally effective accommodations. An accommodation may be refused if it imposes an undue hardship or fundamental alteration on a program or course at South Central College.

- When you have turned in this application and required documentation, the Disability Director will contact you to schedule an appointment for an intake interview. If you do not hear from the office within two weeks, call to check the status of your application.
- If accommodations are approved, you are required to request services each semester, preferably 30 working days before the semester begins, by completing an Accommodation Plan.
- Faculty notification letters will be sent by the ASC office each semester.

I understand that I have the responsibility of being my own advocate, that I need to personally request disability services, and that it is my responsibility to report any problems/concerns about my disability accommodations in a timely manner.

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(Signature)

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(Date)

## TENNESSEN WARNING

The Disability Director will evaluate your disability documentation and determine eligibility for services based on the information provided. This information is considered private information under state and federal law.

You are not legally required to provide the information to Disability Services and you may refuse to provide some or all of the information. If you do not provide sufficient information, Disability Services will provide services based on the documentation that is provided. Disability Services cannot provide services if you refuse to provide any documentation.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to the Disability Services office. However, federal and state law does authorize release of private information without your consent to:

- Other school officials, within the College who have legitimate educational interest in the information
- Federal, state or local education officials for purpose of program compliance, audit or evaluation
- As appropriate in connection with your application for, or receipt of financial aid
- The juvenile justice system, if you are a juvenile, and the information necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you
- An alleged victim of sexual assault, if you are the alleged perpetrator and the release is of the results of a disciplinary proceeding against you related to the alleged crime
- Your parents, if your parents claim you as a dependant student for tax purposes
- A court, grand jury, or state or federal agency, if the information is sought with a subpoena
- An institution engaged in research for an educational institution or agency related to testing, student aid, or improved instruction
- Appropriate person in connection with an emergency, if necessary to protect your health or safety or the health or safety of others
- If required by a court order, or permitted by other state or federal law

This form can be made in alternate format by contacting the Academic Support Center at 507-389-7339 or 1-800-722-3959 (Voice) or 507-389-7200 (TTY).