

ATTN: Coordinator of Students with Disabilities
Orangeburg-Calhoun Technical College
3250 St. Matthews Road, Orangeburg, SC 29118
Phone: (803) 535-1225 or (803) 535-1224
Fax (803) 535-1368
Email: dibblet@octech.edu



Student Information

Student Name: _____ Gender: M F
(Last) (First) (MI)

Student ID Number: _____ Birth Date: _____

Address: _____
Street City State Zip code

Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

What is your primary disability? _____

When your disability was first diagnosed? _____

How does your disability substantially limit your academic or daily activities? _____

Have you ever received disability accommodations in the past? ____ Yes ____ No

If "Yes" please describe the accommodations you received: _____

What accommodations do you believe would be helpful to you in your studies at OCtech? _____

Documentation Guidelines

You will need to submit documentation along with the completed intake form for a committee review. **Refer to the student handbook for specific documentation.**

Understanding Disability Services in College

Orangeburg-Calhoun Technical College is committed to providing reasonable classroom 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) apply to K-12 schools, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 govern colleges and universities. Students having 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. Program modifications are not made and standards are not lowered.

Release of Information:

I authorize the Coordinator of Students with Disability Services Staff to receive information from the provider (whomever completed your medical / non-medical documentation). I also authorize my provider to discuss my disability with the coordinator of Students with Disability to clarify any unclear items.

Name of Provider: _____

Address: _____
Street City State Zip Code

Phone: _____ E-mail: _____

I authorize the Coordinator of Students with Disability Service Staff to release regarding my disability and accommodations to the following:

____ Faculty / Staff _____ Parent / Guardian (name: _____)

____ Other (name: _____)

For Vocational Rehabilitation Clients only:

I request and authorize the South Carolina Vocational Rehabilitation Department and OCtech to release and exchange between them any information regarding me that these two parties determine to be necessary in my rehabilitative process.

VR Counselor _____ Phone: _____

E-mail: _____

If Accommodations Are Approved:

I am to request services each semester at least 30 working days before the semester begins by completing the Accommodation Agreement Form Committee Review of Documentation.

I am to be my own advocate. All requests for services are to be made by me personally and it is my responsibility to report any problems or concerns with my accommodations to the Coordinator of Students with Disability Services.

Additional Information:

I understand that my completing this form is only the initial step in the disability accommodation process. My request for disability accommodations will be reviewed and approved based upon needs evident in the documentation I have provided.

I understand that I am able to discuss with the Coordinator of Students with Disability Services any appeals process if I am in disagreement with a decision.

Student's Signature: _____ Date: _____

Coordinator of Students with Disability Services Signature: _____ Date: _____

The Coordinator of Students with Disability Services adheres to strict standards of confidentiality and is compliant with the Health Insurance Accountability Act (HIPAA) of 1996 and the Family Educational Right and Privacy Act (FERPA); facsimile transmittals and record are stored in a secure location and reviewed only by authorized personnel.



ACCOMMODATION AGREEMENT FORM
COMMITTEE REVIEW OF DOCUMENTATION

Student's Name: _____ Student ID#: _____

Date documentation was received: _____ Term: _____

Program of Study: _____

1. _____

2. _____

3. _____

4. _____

5. _____

The student hereby agrees that the above accommodation(s) is / are satisfactory and declares that with such accommodations(s) he or she can perform all other essential technical or academic function(s) of my course or program of study. The Coordinator of Service for Student with Disabilities and the Instructor agrees that the accommodation(s) will be performed as agreed. Once signed by all, the student, Instructors as well as Program Coordinators will be mailed a copy for their records.

Accommodations are required under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The purpose is to provide the students with an environment to obtain information and demonstrate mastery for the information being tested by minimizing or eliminating the impact of the disability. **If any of the above academic adjustments results in a fundamental alteration of this course, please contact The Coordinator of Disability Services at OC-tech.**

The student has been asked to introduce themselves to each instructor. Such accommodations should be arranged on an individual basis and in a spirit of equalizing opportunity rather than lowering standards. The above listed accommodations are the only accommodations this student is to receive. **All information regarding a disability is confidential.**

Approved by:

Student's Signature

Date

Coordinator for Student's with a Disability

Date

Academic Program Coordinator or Dean

Date

Instructor's Signature

Date

Instructor's Signature

Date

Instructor's Signature

Date

Instructor's Signature

Date