

# COAHOMA

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## COMMUNITY COLLEGE

### **DISABILITY SUPPORT SERVICES**

Welcome to Disability Support Services at Coahoma Community College. We are committed to assuring equal access to all college programs and services for qualified students and staff with disabilities and complies with state and federal disability nondiscrimination requirements.

The institution's Office of Disability Support Services coordinates accommodations and facilitates the provision of services to students and staff with documented disabilities. Students and staff may voluntarily register with our office by completing a service request form and providing documentation of his/her disability, after which proper accommodations will be determined and implemented by the institution.

#### **Disability Services Contact Information**

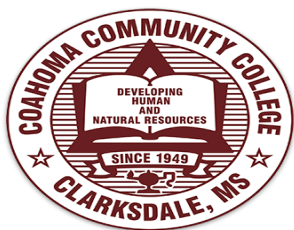
**Taneshia Turner, Coordinator for 504/ADA**

**Vivian M. Presley Administration Building, Office #A100**

**Phone: (662) 621-4853      Fax: (662) 351-1968**

#### **Non-Discrimination Statement**

Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities and employment opportunities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Taneshia T. Turner, as Director of Employee Services/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662) 621-4853, Email: [ccc-hr@coahomacc.edu](mailto:ccc-hr@coahomacc.edu).



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### PROCEDURES FOR OBTAINING DISABILITY ACCOMMODATION SERVICES

1. Students with disabilities who require accommodations must seek assistance from Disability Services in Office #A100 located in the Vivian M. Presley Administration Building. This should be done prior to the start of classes or as soon as possible. Students must request accommodations on the application form, *Student Request for Reasonable Accommodations/Modifications*.
2. Students with disabilities **must** provide documentation of the disability and how it **limits or impacts** their participation in courses, programs, services, jobs, activities, and facilities at Coahoma Community College. **Physical disabilities** require a qualifying medical diagnosis. **Learning disabilities** require psychoeducational testing and an accompanying summary report. **ADHD and psychiatric disorders** require a current psychological evaluation. All testing must have been within a **three-year** period prior to the date the application for services is received. The specific disability must be identified in the documentation with recommendations for accommodations. A qualified and licensed professional must have administered all testing. **(A note on a prescription pad is not acceptable.)**
3. After a student has **self-identified** and **provided documentation** to our office, the submitted documentation is reviewed by a committee for requested accommodations on a case-by-case basis. This review generally results in one of three main outcomes: **(A) disability verified and approved** (current appropriate information was received with sufficient information to confirm diagnosis and provide support for appropriate accommodations); **(B) further information required** (current appropriate information was not received to confirm diagnosis or appropriate accommodations); **(C) disability not verified or approved** (current appropriate information was received; however, the student does not meet the criteria for diagnosis with a disabling condition).
4. Once approved, instructors will receive an email notice from Disability Services regarding the requested accommodations of the application reviewed.

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### DECLARATION OF DISABILITY FORM

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Major \_\_\_\_\_

Which of the following categories best describes your **primary** disability(ies)? (Please check all that apply).

Attention-Deficit Disorder	_____	Orthopedic/Mobility Impairment	_____
Blindness/Visual Impairment	_____	Psychological Disorder (Be specific)	_____
Deafness/Hearing Impairment	_____	Speech/Language Disorder	_____
Learning Disability	_____	Traumatic Brain Injury	_____

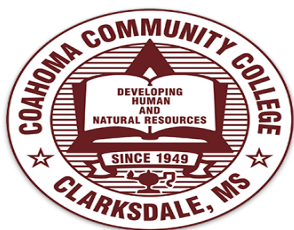
Other: Be Specific \_\_\_\_\_

This information is voluntary, and will be kept confidential and used in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### EXPLANATION OF ACCOMMODATIONS/MODIFICATIONS

Dear Student:

Please read and discuss with Disability Coordinator any concerns or questions you have regarding any and all requested accommodations. This notice to you will address some of the reasonable requested accommodations/modifications listed on the form (*Student Request for Reasonable Accommodations/Modifications Form*).

1. **Preferential seating:** You may sit anywhere in the classroom that you choose. Please choose to sit where you can see, hear, and listen to the instructor and any classroom participant. You may also choose to sit by an exit.
2. **Exams and quizzes given orally (as needed):** Arrangements must be made ahead of time for exams and quizzes to be given orally. Documentation must support this request.
3. **Extended time on tests:** Extended time is granted in accordance with medical documentation/IEP. Arrangements must be made with the instructor and Disability Support Services.
4. **Non-distraction environment:** Instructor may provide this environment or send exam to Disability Services Office.
5. **Peer Tutoring:** The Student Affairs Tutorial Lab provides free tutoring services in all subjects. The services are free, and we encourage all Coahoma Community College students to use the Tutorial Lab. The staff uses the student-centered approach, which accommodates those students who prefer to work independently, as well as those who prefer to work in groups. To set up an appointment for tutorial services, the student can email Mr. Patrick Johnson at [pjohnson@coahomacc.edu](mailto:pjohnson@coahomacc.edu), call 662-621-4825, or visit the tutorial lab during the hours of operation. The hours of operation are Monday through Thursday 8:00 a.m. – 8:00 p.m. and Fridays 8:00 a.m.-4:00 p.m.

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6. **Audio recording classroom lectures:** If a student needs to record a classroom lecture, the student must complete the *Audio Recording Agreement Form* from the Disability Support Services Office. This recording cannot be given to other students, and the contents can only be used by the student for the purpose of the class.
7. **Copy classmates/instructor notes to supplement own:** This accommodation will be granted provided another student wishes to share his/her notes. The accommodation **does not** mean that the requesting student may sit and not take notes; the sharer's notes are to be a supplement. Coahoma Community College is not responsible for finding a note sharer; it is the student's responsibility to locate a classmate willing to share class notes. Instructor may provide notes as requested. Copying may be done in the Disability Support Services Office free of charge.
8. **Handicapped parking:** Handicapped parking spaces are available for a handicapped person who has the appropriate decal. Students with a disability will receive special consideration upon application to the Office of Campus Police.
9. **Adequate warning devices in residence halls for the vision and hearing impaired:** To alert the student to any danger signal by an alarm siren whether light or sound.
10. **Access to audio textbooks:** This is provided through the Disability Support Services Office based on medical documentation/IEP. Books are not readily available, thus ample time must be given to provide this accommodation.
11. **Sign Language Interpreter for the hearing impaired:** Documentation must support this request. The Disability Support Services Officer must have sufficient notice for this accommodation to be provided. Paperwork must be completed at least six (6) weeks prior to need.
12. **Classroom location (accessibility):** All classrooms are accessible on campus. If a class is being offered in an inaccessible location, the class will be relocated

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to accommodate the student.

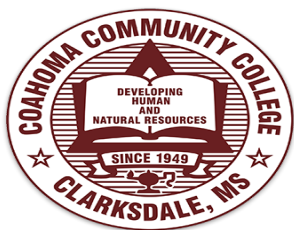
13. **Special dorm provision:** This request will be honored if needed; please check on **Housing Application**.
14. **Mobility assistance:** Mobility assistance is available upon request, supported by documentation.
15. **Instructional support:** Instructional support is provided to all students. You must make it known to your instructors that support is needed.
16. **Additional time to complete assignments:** At the beginning of each semester, all instructors hand out and review a *Class Syllabus*. Students do not meet the same class every day and should have time to complete assignments. *This request is entirely up to the instructor for special circumstances. This request MUST be worked out with each instructor.*
17. **Authorization Consent:** This request is made by the student to release certain information to certain individuals, agency and departments.
18. **Note taker:** Upon request, the Instructor and Disability Support Services Officer will assist in identifying a willing student to share his/her notes. This accommodation **does not** mean that the requesting student may sit and not take notes; these notes are to be a supplement.
19. **Enlarged materials:** This request must be made in advance.

**Other (be specific):** Any other request must be made known and discussed with the Disability Support Services personnel.

**If there are changes in needed accommodations/modifications, it is the student's responsibility to notify the appropriate personnel.**

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### STUDENT REQUEST FOR REASONABLE ACCOMMODATIONS/MODIFICATIONS FORM

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**Check those which apply to you: (See explanation of accommodations/modifications; some accommodations may not be applicable for certain courses)**

Preferential seating

Exams and/or quizzes given orally

Extended time on tests/assignments (**Specifics must be worked out with instructors**)

Testing in a non-distracting environment

Peer Tutoring

Audio recording classroom lectures (**must sign form**)

Copy classmates/instructor notes to supplement own

Handicapped parking

Adequate warning devices in residence halls

Access to audio textbooks

Sign Language Interpreter (**for hearing impaired**)

Classroom location (accessibility)

Special dorm provisions

Mobility assistance

Instructional Support

Elevator key (**Humanities/Physical Science Building**)

**Other (Be Specific):** \_\_\_\_\_

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## COMMUNITY COLLEGE

### LETTER OF REQUEST FOR SERVICES

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Semester: Fall/YR \_\_\_\_\_ Spring/YR \_\_\_\_\_ Summer 1st ( ) Summer 2nd ( )

Please inform each of my instructors concerning my approved accommodations. I understand that this request and a copy of this letter will become a part of my confidential file.

\_\_\_\_\_ Please email information directly to my instructors.

**\*\*You are responsible for notifying us of any schedule changes.**

Yes ( ) No ( ) **Permission to disclose disability information to instructors.**

Yes ( ) No ( ) **Permission to discuss academic progress with parents without contacting the student.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## DISABILITY VERIFICATION FORM

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

Student ID Number \_\_\_\_\_ D.O.B. : \_\_\_\_\_

**To be completed and signed by a qualified licensed professional, (i.e., Physician, Advanced Practice Registered Nurse, Psychologist, and Psychiatrist). Attach additional documentation as needed.**

1. Date of original diagnosis: \_\_\_\_\_
2. Diagnostic and Statistical Manual of Mental Disorders (DSM) CODE: \_\_\_\_\_
3. Describe the applicant's specific disability diagnosis (i.e., mental, learning, physical):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Indicate the specific standardized and professionally recognized test/assessment given, if any  
\_\_\_\_\_
5. Date of assessment identified above: \_\_\_\_\_
6. Indicate recommendations for testing accommodations with stated rationale as to the necessity and appropriateness for the diagnosed disability:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician/Professional Printed Name

\_\_\_\_\_  
Physician/Professional Signature

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone Number

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### CONSENT FORM

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

ID # \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I hereby authorize Coahoma Community College's Office of Disability Support Services to communicate with the following: *(Please Check)*

\_\_\_\_\_ Parents

List parent(s): \_\_\_\_\_

\_\_\_\_\_ Coahoma Community College Faculty/Staff, On Campus Services (i.e. Health Clinic, Residence Life, etc.)

List exclusions, if any: \_\_\_\_\_

\_\_\_\_\_ Off Campus Services (i.e. Professionals, Schools, Vocational Rehab., etc.)

List exclusions, if any: \_\_\_\_\_

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance, or information that may relate to accommodating student's needs on CCC's campus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

***This consent form will be valid until revoked by the student. A photocopy of the original consent form shall be as valid as the original consent form.***

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