

DISABILITY INTAKE FORM



Student Information

Name: _____
Last _____ First _____ MI _____

Gender: M _____ F _____ Birth Date: _____ / _____ / _____ Student ID Number: _____

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:

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.

Students enrolled in or interested in enrolling in academic programs that require licensure or certification should contact the examination service provider about testing requirements. Reasonable accommodations granted by OCtech are not transferable to any State Board Examination, National Certification Exam or any other testing board external to OCtech.

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 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

Return forms to: Coordinator of Students with Disabilities
Orangeburg-Calhoun Technical College
3250 St. Matthews Road, Orangeburg, SC 29118

Contact: 803.535.1224
dibblet@octech.edu

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).