



Application Guidelines

Office of Student Accommodations (OSA)

One College Centre RM 1474

Fax: 254-298-8329 Phone: 254-298-8335

2600 S. 1st St. Temple, TX 76504

I. Student requesting accommodations must meet/speak with the Coordinator of Student Accommodations.

Misty Reid

One College Centre – Rm 1474

Ph. 254-298-8335

Fax 254-298-8329 – ATTN: Misty Reid

misty.reid@templejc.edu

II. Once you have disclosed your disability and requested accommodations with the OSA coordinator, you will need to complete the following forms:

1. Request for Documentation of Disability and Disability Documentation Guideline paperwork – page 2 and 3

- *Depending on the disability, current documentation may need to be updated annually.*

2. Application for Services Form – page 4

3. Accommodations Request Form – page 5

4. Student Disability Handbook Acknowledgment Page – page 6

5. Permission to Collect Information – page 7

III. Once all documentation is received, the coordinator and student will decide which accommodations are reasonable and appropriate. The coordinator will write a letter specifying those accommodations. The letter will be then emailed to the student and to all requested instructors. It is the student's responsibility to ask for letters of accommodation every semester. It is recommended that all requests be turned in at least 2 weeks before the start of classes. If you have any questions, please contact the accommodations coordinator.



Request for Documentation of Disability

Office of Student Accommodations (OSA)

One College Centre RM 1474
 Fax: 254-298-8329 Phone: 254-298-8335
 2600 S. 1st St. Temple, TX 76504

In order to receive disability-related services at Temple College, students are required to provide documentation of their disability. Temple College OSA will evaluate the documentation to determine eligibility for accommodations.

STUDENT SECTION

Student Name: _____ SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

I authorize the professional designated below to complete this form and return it to Temple College OSA.

Student's Signature: _____

Please indicate which licensed/certified professional you authorize to provide this information:

Name of Licensed or Certified Professional: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

To Be Completed by Licensed or Certified Professional

Please send our office information pertaining to 1) the diagnosis of this student's disability and 2) the type of functional limitations the disability may cause in an educational setting. See the reverse side of this form for a description of the type of documentation needed for specific disabilities. Attach relevant reports to this document.

Diagnosis: A) _____ B) _____

If applicable, DSM Code _____ Severity: Severe Moderate Minor

Date of diagnosis: _____ Is the condition permanent Temporary until _____

Identify the major life activities or functions that are limited by the disability (Please check appropriate boxes).

| | Degree of Impairment | | | | | Degree of Impairment | | | |
|---|----------------------|------|----------|--------|-----------------------|----------------------|------|----------|--------|
| | None | Mild | Moderate | Severe | | None | Mild | Moderate | Severe |
| Mobility on campus | | | | | Speaking | | | | |
| Memory | | | | | Sitting in classroom | | | | |
| Comprehension | | | | | Manual tasks | | | | |
| Stamina | | | | | Attention/Focus | | | | |
| Written homework | | | | | Writing lecture notes | | | | |
| Planning/Organizing | | | | | Taking class exams | | | | |
| Processing visual classroom materials (i.e. printed text or seeing the blackboard): | | | | | | | | | |
| Processing of auditory lecture, discussion and other orally presented information: | | | | | | | | | |
| Other: _____ : | | | | | | | | | |

I understand that the information provided will become part of the student record, subject to the Federal Family Education Rights and Privacy Act. This information will not be released by Temple College OSA to the student without your written authorization.

 Signature Title/License Date

Disability Documentation Guidelines

Documentation should be from a licensed/certified professional qualified to diagnose/assess and identify the student's disability.

Type of Disability

Type of Documentation Needed:

| | |
|--|--|
| <p>Acquired Brain Injury: (<i>deficit in brain functioning resulting in loss of cognitive, communicative, motor, psychological, and/or sensory/perceptual abilities</i>). Seek documentation from:</p> <ul style="list-style-type: none"> Neurologist, Neuropsychologist or Physician | <ul style="list-style-type: none"> Cognitive rehabilitation report/neurological assessment/medical report documenting the disability OR Description of the injury and impact on cognitive functions. How might the injury affect the person's participation and performance in college/school setting? Recommended Accommodations. |
| <p>Developmentally Delayed Learner: (<i>below average intellectual functioning and potential for measurable achievement in instruction and employment settings</i>). Seek documentation from:</p> <ul style="list-style-type: none"> Psychiatrist, Psychologist, Educational Diagnostician. | <ul style="list-style-type: none"> Psychological report (including standard scores for WAIS III or IV, ISC III, or WJ II Cog and any recent achievement testing) OR Full and Individual Evaluation (FIE) from prior high school Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form. |
| <p>Hearing Impairment: (<i>loss of hearing function which impedes language, educational, social, and/or cultural interactions</i>). Seek documentation from:</p> <ul style="list-style-type: none"> Audiologist or Certified Otologist | <ul style="list-style-type: none"> Current audiogram documenting the disability OR Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form. |
| <p>Learning Disability (<i>average to above average intellectual ability; severe processing deficit; severe aptitude-achievement discrepancy; and measured achievement</i>) Seek documentation from:</p> <ul style="list-style-type: none"> Educational or Clinical Psychologist; School Psychologist, Psychiatrist, or Educational Diagnostician | <ul style="list-style-type: none"> Psychological report documenting the disability including: Index, scale, factor & cluster, standard scores for either WAIS IV, WISC IV, or WJ III Cognitive AND Achievement test standard scores (usually WIAT or WJ III) OR Full and Individual Evaluation (FIE) from prior high school Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form. |
| <p>Mobility Impairment: (<i>serious limitation in locomotion and/or motor function</i>). Seek documentation from:</p> <ul style="list-style-type: none"> Physician; Nurse Practitioner | <ul style="list-style-type: none"> Medical report documenting the disability OR Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form. |
| <p>Psychological Disability: (<i>persistent psychological/psychiatric disorder; emotional or mental illness</i>). See documentation from:</p> <ul style="list-style-type: none"> Psychiatrist; Psychologist MFCC or MSW; OR Physician | <ul style="list-style-type: none"> Psychological report documenting the DSM Code and Axis OR Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form, and include DSM code. |
| <p>Speech and Language Impairment: (<i>disorders of voice, articulation, rhythm, and/or receptive and expressive processes</i>). Seek documentation from:</p> <ul style="list-style-type: none"> Speech and Language Pathologist. | <ul style="list-style-type: none"> Speech/Language report documenting the disability OR Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form. |
| <p>Visual Impairment: (<i>total or partial loss of sight</i>). Seek documentation from:</p> <ul style="list-style-type: none"> Ophthalmologist; Optometrist | <ul style="list-style-type: none"> Current vision test documenting the disability OR Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form. |
| <p>Other Disability: (<i>does not fall into any of the above disabilities but indicates a need for support services</i>). Such as: Chronic medical conditions, autism spectrum, ADHD...Seek documentation from:</p> <ul style="list-style-type: none"> Psychologist, Psychiatrist, or Physician | <ul style="list-style-type: none"> Medical or professional report documenting the disability OR Have the licensed or certificated professional complete the Temple College OSA Disability Documentation form |



Application for Services
Office of Student Accommodations (OSA)
One College Centre RM 1474
Fax: 254-298-8329 Phone: 254-298-8335
2600 S. 1st St. Temple, TX 76504

Name: _____ ID #: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Ph # (other): _____

Major/Interest: _____ Ethnicity: _____

Previously attended TC? Yes No Semester you plan to enroll: _____

Disability / Diagnosis: _____

Current Treating Professional: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

List Support You Receive: DARS VA MHMR

Other

Agency Name: _____ Contact: _____ Phone: _____

Agency Name: _____ Contact: _____ Phone: _____

Therapist/Psychiatrist: _____ Phone: _____

NOTE: I understand that I must meet with the Coordinator of Student Accommodations *every semester* once documentation of my disability has been provided in order to be eligible to receive services. I certify that the above information is true to the best of my knowledge. I agree to abide by TC policies and procedures as stated in the Temple College Student Handbook and on the TC website (<http://www.templejc.edu/SES/Accommodations/Forms.aspx>).

Signature: _____ DATE: _____



Accommodations Request Form
Office of Student Accommodations (OSA)
One College Centre RM 1474
Fax: 254-298-8329 Phone: 254-298-8335
2600 S. 1st St. Temple, TX 76504

Name: _____ Today's Date: _____

Phone: _____ TC I.D. or SSN: _____

Address: _____

TC E-mail: _____ Major: _____

TYPES OF ACCOMMODATION REQUESTED

Signature of Requestor

Date

OSA Coordinator

Date

Note: Appropriate documentation substantiating a disability is required in order to authorize appropriate accommodations.



Student Handbook
Receipt of Acknowledgement Form
Office of Student Accommodations (OSA)
One College Centre RM 1474
Fax: 254-298-8329 Phone: 254-298-8335
2600 S. 1st St. Temple, TX 76504

I, _____
Print Name TC ID #

Herby sign that a digital copy of the Temple College Disability Services Handbook has been emailed
to my Temple College email _____.
Temple College Email Address

I understand that I will contact the Office of Student Accommodations immediately if I have not received
the Disability Services Handbook within 24 hours.

I understand that I may request services from the Office of Student Accommodation by the procedures
outlined in the Disability Services Handbook.

I, _____
Signature

was emailed a digital copy of the handbook on this date: _____.
Today's Date

Coordinator



Authorization to Receive and Release Information

Office of Student Accommodations (OSA)

One College Centre RM 1474

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Your disability record constitutes privileged information that is protected by the laws of the State of Texas and may contain information protected under Federal confidentiality regulations. You may revoke this consent through written notice but it will not apply to action that has been taken prior to the revocation.

I, _____, TC ID # _____
First Name Middle Name Last Name

authorize the Temple College Office of Accommodations and

_____ Faculty _____ DARS/DBS
_____ Department Heads _____ TC Counseling personnel
_____ Academic Chairs _____ Others: parents, spouse, etc.

| Name | Relationship | Phone Number |
|------|--------------|--------------|
|------|--------------|--------------|

to release and exchange with each other, in oral and/or written reports, information concerning:

_____ Documented disability _____ Academic Accommodations
_____ Results of testing/evaluation _____ Participation in counseling
_____ Other: _____

I understand that no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions.

Date: _____

Student Signature

Signature of Witness
Office of Student Accommodations

I understand I may revoke this consent in writing at any time, but may not act to revoke consent on action already taken. This release expires when I am no longer a registered student and/or one year from the date of signature, whichever comes first.