Dear Student,

Thank you for contacting Student Disability Services at Agnes Scott. If you have a diagnosed health, physical, psychological, and/or learning disability, you may qualify for services and accommodations to ensure an equal opportunity to fully participate in the programs, courses, and activities at Agnes Scott College.

A disability that qualifies a student for accommodations in college is a physical or mental impairment that substantially limits one or more of the major life activities (caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. In order to verify that you have what can be considered a qualifying disability, and to request accommodations with the Office of Academic Advising and Student Disability Services, you will need to: 1) read and complete the student disability services packet 2) provide recent documentation from a qualified professional to our office, and 3) meet with the student disability services coordinator to discuss accommodations, services, and support. Please follow the directions that are stated below and return the completed packet within two weeks of needing the accommodation(s).

Instructions for Registering with Student Disability Services

(1) Complete and return the application form.
(2) Carefully read the Student Responsibility Statement. Please keep this copy for your records.
(3) Complete and return the Receipt of Student Responsibility Statement and the Release of Information Form.
(4) Submit appropriate documentation / medical evaluation to the Office of Academic Advising and Student Disability Services.

Please note:
  ● In the case of attention deficit or learning disabilities, the evaluation must have been completed within the last three years or after your eighteenth birthday.
  ● If you already have an up-to-date evaluation then you may simply send in a copy of this evaluation along with the completed packet.

Once all documentation has been submitted, the coordinator of student disability services will contact you. They will set up an appointment to discuss appropriate auxiliary aids and services and/or accommodations. Please return application materials to:

Office of Academic Advising and Student Disability Services
Agnes Scott College
141 East College Avenue
Decatur, GA 30030
404-471-6174 phone
404 471-6083 fax

Please feel free to contact Kelly Deasy, Student Disability Services Coordinator, if you have questions or need additional information: kdeasy@agnesscott.edu or 404-471-6174.
**Student Responsibility Statement**

The Student Responsibility Statement is designed to emphasize a partnership between the Office of Student Disability Services and the student requesting/receiving academic accommodations. The role of the Office is to provide support to any individual with a documented disability who requests academic adjustments to ensure equal access and promote academic success. The responsibilities of the student are outlined below.

**Registering with Student Disability Services**

I understand that as a college student with a disability, who is requesting services, I am obligated to provide notification of my disabling condition to the Office of Academic Advising and Student Disability Services.

I further realize that in order to receive services, the Office of Academic Advising and Student Disability Services must receive completed application materials and an evaluation from a qualified professional documenting the existence of my disability. I also understand that in the case of Attention Deficit Disorder or a Learning Disability, the evaluation must have been completed within the last three years or after my eighteenth birthday.

The Office of Academic Advising and Student Disability Services office will review my documentation to determine my eligibility for services. After my eligibility for services has been established, I must meet with someone from Office of Academic Advising and Student Disability Services to discuss the services and/or accommodations that are appropriate for me. During this meeting, I will have an opportunity to provide input on reasonable accommodations to accommodate my disability.

Appropriate services will be implemented on a continuous basis each semester that I am enrolled at Agnes Scott College.

**Enrollment Responsibilities**

I understand that it is my responsibility to meet with my professor(s) at the beginning of each semester to review my accommodations and to remain actively involved in the accommodations process. I will request a meeting with my instructors before or during the first week of class.

Letters regarding my educational accommodations will be mailed each semester to notify my advisor and my professors/instructors of my accommodations. I understand that any disclosure of information about my disability will be limited to what is minimally necessary to coordinate my educational accommodations.

If special classroom or testing accommodations have been made that involve the services of others, (i.e. readers, sign language interpreters, or assistants for special testing arrangements), I understand that I must notify Office of Academic Advising and Student Disability Services in advance of any inability to attend classes. I further understand that if I fail to comply with this notification requirement my schedule will be adversely affected and may inadvertently affect my ability to provide future service(s) on my behalf.

I further understand that it is my responsibility to notify the Office of Academic Advising and Student Disability Services immediately of any problems or difficulties with my accommodations.

I understand that it is my responsibility to update the office as necessary regarding the need for additional services or if I decline approved services. The Office of Academic Advising and Student Disability Services will review all new requests and implement additional services as deemed appropriate.

I understand that it is my responsibility to notify the Office of Academic Advising and Student Disability Services in writing if I withdraw from a course or add a course.
• If I am not enrolled for two consecutive semesters, I understand that it is my responsibility to notify the Office of Academic Advising and Student Disability Services office to reactivate services once I resume classes at Agnes Scott College.

• I understand that it is my responsibility to contact the Office of Academic Advising and Student Disability Services at least two weeks before final exams and make arrangements to schedule my final exams.

• Prior to the start of each semester, I am responsible for providing the Office of Academic Advising and Student Disability Services a written copy of my schedule.

• Finally, I understand that I have a right to file a formal grievance regarding any unresolved dispute related to my disability with the Office of Academic Advising and Student Disability Services.

RECEIPT OF STUDENT RESPONSIBILITY STATEMENT

I have received a copy of the Student Responsibility Statement from the Office of Academic Advising and Student Disability Services and agree to review its contents. During my enrollment at ASC, I will use this document as a reference to assist me in understanding my responsibilities as a student with a disability at Agnes Scott College. If the Office of Academic Advising and Student Disability Services makes amendments to the Student Responsibility Statement, I understand that the Office of Academic Advising and Student Disability Services will make reasonable efforts to inform me of these changes. If I am unclear about any existing policy, I understand that it is my responsibility to direct my questions to:

Office of Academic Advising and Student Disability Services / Buttrick 104 b
Agnes Scott College
141 East College Avenue
Decatur, GA 30030
(404) 491-6174

Student’s Signature: ________________________________ Date: ____________________
RELEASE OF INFORMATION TO FACULTY/STAFF/SERVICE PROVIDER

I hereby authorize the staff of Office of Academic Advising and Student Disability Services at Agnes Scott College to release any pertinent medical, psychological, educational, or vocational information to the faculty and staff at Agnes Scott College and/or activity. Disclosure of information will be restricted to what is necessary, relevant, and verifiable.

Student’s Signature: ________________________________ Date: __________________

Student’s Name: ____________________________________

Witness: ___________________________________________ Date: __________________
STUDENT NAME_________________________________ Student ID______________ DOB ______________

TO:

Office/Agency______________________________ Representative____________________________________

With my signature, I hereby grant permission for the release of my records and information regarding my disability both to and from the Agnes Scott Office of Student Disability Services, with the understanding that these records and any related information will be kept in accordance with all state and federal regulations pertaining to student records. I understand that the staff of Student Disability Services will have access via telephone, in person, or by US and electronic mail to information that may include the following items that have been marked. The information I request to be released is in regard to (please check all that apply):

_________Diagnosis of Disability (ie: Medical, Psychological, ADD/ADHD, Learning Disorder

_________Recommendations for support services in postsecondary academic and occupational education settings.

_________Other: ____________________________________________________________

__________________________________________________________________________

Signature______________________________________________________________

Parent’s Signature (if a minor)___________________________________________

Date______________________________________________________________

This authorization will remain in effect until revoked in writing by the student.

Please send requested information to:

Kelly Deasy
Student Disability Services Coordinator
Agnes Scott College
141 East College Avenue
Decatur, GA 30030
404-471-6174 phone
404 471-6083 fax
Guidelines for Submitting Documentation

In order to consider academic adjustments, Agnes Scott College requires documentation from a qualified clinician that includes the following:

- A diagnosis of the disability or disabilities;
- A list of functional limitations the student will experience in an academic environment; and
- Possible appropriate academic accommodations.

The documentation should also include the following: the credentials of the diagnosing professional(s); the date of the most current diagnostic evaluation; and the date of the original diagnosis. Additional information that could prove helpful includes the following: any treatments, medications, assistive devices and services currently prescribed; and a description of the expected prognosis or stability of the impact of the disability over time.

It is important to note that test and evaluation results as well as diagnostic labels are not alone sufficient in terms of accommodation requests. A clinician’s evaluative summary of these test/evaluation results that includes the information listed above is needed. A qualified clinician is considered a professional with credentials that would be generally accepted as appropriate to diagnose the disability. It is recommended that you speak with your doctor or practitioner to create documentation that appropriately explains the nature of your disability in such a way so that we can make necessary and suitable accommodations for you.

In all cases, documentation must be recent enough to describe the current status of the disability. Documentation should not be older than three years. Older documentation will be considered on a case-by-case basis, as well as statements and materials from other schools listing accommodations provided. Please note that IEPs or 504 Plans from high school are not sufficient for services and will not be accepted as official documentation.

Documentation received will be treated as confidential and will not become part of a student’s permanent record. Information provided will be shared within the College on a need-to-know basis and with the sole intent of providing accommodations for the student.

All documentation should follow the guidelines stated previously. Additional information is given for specific disabilities as follows:

**Learning Disabilities and/or Dyslexia**

- Testing should be recent (within the past three years). Older documentation will be considered on a case-by-case basis.
- Testing must provide clear and specific diagnosis of a learning disability. Cognitive assessments are necessary for students requesting foreign language exemptions.
- Testing must be comprehensive in terms of measuring aptitude, academic achievement, and information processing.
- The tests used should be reliable, valid, and standardized for use with an adolescent/adult population.
- A diagnostic summary is needed that interprets the evaluation results to show what specific accommodations are needed and why based on the listed functional limitations of the student.
- Test scores and data must be included.
- Diagnostic reports must include the names and titles of the evaluators as well as the date(s) of testing.

**Attention-Deficit/Hyperactivity Disorder and Related Disorders**

- Testing should be recent (within the past year). Older documentation will be considered on a case-by-case basis.
• A clear and specific diagnosis of ADHD and/or related conditions must be provided.
• A diagnostic report is needed that includes a review and discussion of the diagnoses and the tests, questionnaires, interviews, and/or observations used to identify the disorder.
• A summary of how the disorder limits academic functioning with a list of and rationale for recommended academic accommodations. This summary should include information regarding the onset, longevity, and severity of the symptoms.
• A qualified evaluator such as a clinical psychologist, a neuropsychologist, or a psychiatrist must provide the diagnosis and evaluative summary.

**Medical-related -- Orthopedic and Chronic Illnesses**

• Documentation must be from a licensed physician or other licensed professional qualified to diagnose the condition. A diagnosis, a list of functional limitations, and a list of possible accommodations with rationales must be provided. Any information concerning prognosis that is deemed important should be included.

**Psychological/Psychiatric Conditions**

• Diagnosis must coincide with current DSM IV requirements and include the student’s current level of functioning. Documentation must be from a licensed psychologist, psychiatrist, or other qualified licensed professional. A list of functional limitations and accommodations with rationales must be provided.

**Hearing Loss/Deafness**

• The preferred form of documentation is an audiogram by a licensed audiologist and any supporting medical documentation. A summary must be provided that includes the student’s functional limitations and recommended academic accommodations including the need for adaptive equipment and interpreting services. A statement as to the student’s preferred means of communication (Ex: American Sign Language; Signed English) should be included.

**Visual Impairments**

• Documentation must be from an ophthalmologist and include specific visual acuity representations for each eye and a specific diagnosis, including a statement of legal blindness if appropriate. A summary should be provided that includes the student’s functional limitations and recommended academic accommodations including the need for adaptive equipment.

**Temporary Disabilities**

• Students who develop a medical condition or injury that is considered temporary yet disabling, will be provided with the same level of attention and consideration as students with more permanent disabilities. Documentation should include the expected date that the condition will no longer be disabling, or the date of the next medical evaluation.

**Disabilities Not Otherwise Specified**

• Students with disabilities not covered in this section should contact their designated administrator if additional information is needed. Consultations with a medical provider/documentation source are possible with written and signed permission from the student. Consultations will be for clarification of required documentation and/or requested accommodations only. Phone conversations from physicians and other evaluators cannot take the place of needed documentation.
**List of Possible Accommodations at Agnes Scott College**

The following list represents possible accommodations that might be offered to students with disabilities at Agnes Scott College, relevant to their diagnosed disability.

- Permission to tape record lectures
- Extended time on quizzes, tests or exams (1.5 or double time)
- Testing area/room with minimal distractions
- Note-taker
- Use of an electronic spell checker for classroom tests, quizzes, and written assignments
- The use of a scribe to record text information
- Permission to complete written assignments orally and/or by tape
- Zoom text
- Magnification/ visual aid/ large print
- Alternative format for textbooks provided by Alternative Media Access Center (AMAC)
- Use of a laptop computer
- Preferential seating
- Use of a non-programmable calculator
- Use of a word bank for tests and quizzes
- Use of assistive technology and software
  - Inspiration (mapping)
  - Premiere tools package
  - PDF Equalizer
  - Read Write Gold
  - Window Eyes
  - Dragon Naturally Speaking
  - Zoom Text
  - Braille Embosser
  - Digital recorders
- Facilities modification
- Automatic door remotes
- Permission to take frequent breaks
- Others as recommended by specialists

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Application Form

Office of Academic Advising and Student Disability Services

1. Contact Information

   TODAY’S DATE_____________________

   Name: ___________________________

   Local Address: ______________________

   Permanent Address: ______________________

   Current Employment: ______________

   Date of Birth: ______________

   Room Phone: ______________

   Cell Phone: ______________

   Phone: ______________________

2. Disability Information

   Disability: ____________________________________________________________________

   Age of onset of Disability: ______________________________________________________

   Diagnostician’s/Evaluator’s Name and Address: ______________________________________

   Counselor ___________________________ Physician ___________________________

   Medical Restrictions (if any, related to a disability): _________________________________

   Current Medications (if any, related to a disability): _________________________________

3. Academic Information

   Career Objective: ___________________________ Major: ___________________________

   Year in School: ___________________________ GPA: ___________________________

   Expected Enrollment Date: ___________________________ Expected Graduation Date: ___________________________

Please indicate any accommodations that may assist you in pursuing your education or the types of accommodation you have received in the past. An evaluation will need to be submitted before these services can be considered:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature ___________________________ Date ___________________________