APPLICATION
FOR
DISABILITY ACCOMMODATIONS

Application Date: _____

Welcome to Panola College. To ensure that appropriate accommodations can be offered, please provide the following information 30 days before the beginning of the semester. **All student records are kept confidential.**

Part I: General Information

Name (Last, First, MI): _____   SSN: _____

Anticipated Date of College Entry: _____   Intended Major: _____

Mailing Address (Street, City, State, Zip): _____

Physical Address (If different from above): _____

Phone Number (Cell): _____   Phone Number (Work): _____

Type of Disability: _____

Other Colleges and Universities Attended:

College/University: _____   Dates Attended: _____

College/University: _____   Dates Attended: _____

Part II: Other Necessary Information

Health Information: Please list below any medications you are currently taking under a physician's orders which could involve an emergency health situation. (i.e., medications without which you cannot function effectively, etc.)

_____

Counselor Information: If you are a client of a rehabilitation agency, please list below the name, phone number and mailing address of your counselor.

Name (First, Last): _____   Phone Number: _____

Agency: _____

Address (Street, City, State, Zip): _____

Financial Aid Information: Please indicate whether or not you are a financial aid recipient or applicant through the Panola College Financial Aid Office.　　　□ Yes　　　　□ No

(Our staff works with students receiving financial aid who are required to take a full academic load but who need to be enrolled only part time due to a disabling condition.)

Medical/Diagnostician Information: Please list below the name, phone number and mailing address of your physician/diagnostician:

Name (First, Last): [_____]　　Phone Number: [_____]

Address (Street, City, State, Zip): [_____]

Please include medical/diagnostic report(s) with this application that provide(s) evidence of your disability and its limitations to your mobility or academic performance. These evaluation reports must have been completed within the last five years.

Part III: Special Accommodation Request

NOTE: If you wish instructors to provide accommodations for your disability needs, you must complete this form. Proof of a disability warranting the accommodation requested must be on file with the Career and Technical Advisor.

A checklist of appropriate accommodations will be provided to you. You will need to present this information to your instructors before the beginning of each semester at which time you will discuss your academic needs. However, if you would prefer that the Disability Support Services Office facilitate a meeting between you and your instructors to discuss your academic needs, this can be arranged. Copies will be available from the Student Success Office. Instructors will be requested to treat **all information regarding your disability as confidential.**

Please indicate below the accommodations which you feel will be appropriate:

□ A copy of class notes. (NCR Carbonless paper can be provided for classmate use. The student may request help in making an anonymous appeal for a volunteer willing to share a copy of his/her notes.

□ A course syllabus and/or test schedule.

□ Sign language interpreter who will either need to sit next to or immediately in front of the student.

□ Seat near the front for lip-reading (Student must be able to see professor's face at all times.)

□ Additional time on work being done in class and on tests. (Unless speed is the factor being tested, granting up to time and a half allowed to other students is considered a "reasonable accommodation" for those whose manual or coding/decoding functioning is impaired.)

□ Test reader or scribe

□ Special test location to provide a quiet and non-distractive environment

□ Assistive Devices: [_____]

Special Seating:　□ Seat near door　　□ Wheelchair Access　　□ Other: [_____]

□ Assistance with Lab work

□ Other: [_____]

I have read and understand the information on the accommodations request form. I agree to comply with the procedures and stipulations. I certify that the information I have provided is accurate and true and may be shared with the appropriate faculty/staff.

_____   _____

Student's Signature   Date

_____   _____

Parent's Signature (Required if recipient is under age 18)   Date