

OFFICE OF ACCESSIBILITY SERVICES

McDowell Technical Community College is committed to compliance with the Americans with Disabilities Act (1990), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Amendments Act (2008). FERPA (Family Educational Rights and Privacy Act) is a federal statute that precludes McDowell Technical Community College from providing student record information to anyone but the student without the student's written authorization.

HOW TO REQUEST ACCOMMODATIONS

Students with disabilities who are transitioning to college, or high school students taking college classes, may request accommodations from McDowell Technical Community College for those classes.

Students should follow the steps below to request accommodations:

1. Complete the [Confidential Intake Form](#).
2. Submit documentation.
 - a. See the [Documentation Guidelines](#) for a list of appropriate documentation.
 - i. In general, documentation should include:
 1. the qualifications of the healthcare provider
 2. the diagnosis and history of the disability
 3. the current impact of the disability on daily functioning, including academics
 4. any treatments, medications, and/or assistive devices/services currently prescribed or in use
 5. a description of the mediating effects and potential side effects from such treatments
 6. recommendations.
 - ii. High school IEPs, 504 Plans, and/or Summaries of Performance alone can lack the detail needed at the college level, and sometimes additional documentation is needed.
 - iii. **Generally Insufficient Documentation:** Because Accessibility Services does not diagnose impairments, assess their severity, or identify the

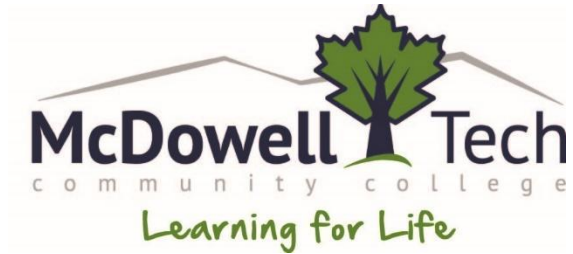
functional limitations of a disability, office medical records, medical chart notes, and prescription pad notations are generally insufficient for determining eligibility.

3. Upon receipt of the documentation, the Accessibility Coordinator will schedule an appointment with you. In this appointment, you and the Coordinator will engage in an interactive process to identify reasonable accommodations. This collaboration continues throughout your time at the college.

**Please note: instructors do not have to provide accommodations until all documentation has been received and student has met with the Accessibility Coordinator.

Lydia Warpoole
Success Coach and Accessibility Coordinator
828-659-0489
lwarpoole69@go.mcdowelltech.edu

Return this form to Accessibility Services.



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Federal Law prohibits Accessibility Services from making pre-admission inquiries about disabilities. Accessibility Services have been designated on campus to assist students with disabilities. To provide this assistance, it is necessary for students to identify themselves promptly. Please remember any information you provide is strictly voluntary and will be kept confidential.

To facilitate your learning experiences at McDowell Tech, we ask that you complete the following information and return this form along with the **proper documentation** to Accessibility Services.

NAME: _____

STUDENT ID #: _____

How did you learn about Accessibility Services? _____

Are you working with another agency (i.e. Vocational Rehabilitation, Services for the Blind, etc.)? _____

What is the nature of the disability (check all that apply)?

- ADHD
- Autism Spectrum Disorder
- Learning Disability (specify)
- Visual Impairment
- Hearing Impairment
- Intellectual Disability

Health/Medical Impairment (specify)

Traumatic/Acquired Brain Injury

Psychiatric Disability (specify)

Other (specify)

Speech Impairment

Temporary

Do you use Technical Equipment? If so, what? _____

How does the disability affect you in the classroom? Please explain. _____

What areas or tasks do you find difficult (check all that apply)?

Paying attention in class

Doing math calculations

Participating in physical activities

Completing assignments

Doing math word problems

Climbing stairs

Taking notes

Following directions

Understanding spoken language

Memorizing

Spelling

Talking

Managing time/Procrastination

Taking tests

Walking

Reading

Putting thoughts into words

Hearing

Understanding what I read

Being motivated

Other: Specify

Proofreading/Editing

What accommodations or services do you need while you are in school? (Note: Accommodations are approved based on the supporting documentation you provide and an intake interview with the Accessibility Coordinator.)

My signature below affirms I am registering with McDowell Tech Accessibility Services as a student with a disability as defined by the Americans with Disabilities Act. I certify the above information is accurate despite my disability. I understand the following:

- I must notify/meet Accessibility Services as early as possible each term to receive my accommodation letters to give to my instructor(s)
- I must meet with my instructor(s) to discuss my accommodation(s)
- I must meet the technical standards as set forth by my program of study and the classes I take with or without accommodations
- I am responsible for following the College's Student Code of Conduct as outlined in the College Catalog and Student Handbook

I authorize McDowell Tech Accessibility Services to disclose to necessary staff/faculty members information regarding my need for accommodations. I authorize Accessibility Services to contact my instructors prior to class start dates to facilitate timely accommodations. This information may be used to evaluate the need for educational services and/or plan an educational program. The use or release of this information is limited to purposes directly connected with my academic program.

I understand my records are protected under confidentiality legislation and cannot be disclosed without my written consent. I understand I may revoke this consent at any time except to the extent that action has already been taken.

In order to speak with anyone else regarding your academic progress, please complete a Release Form for Non-MTCC Individuals.

Signature of Student

Date

DOCUMENTATION GUIDELINES



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McDowell Technical Community College provides reasonable accommodations for students with a documented disability as defined by the ADA. Post-secondary students no longer have IEPs because the Individuals with Disabilities Education Act (IDEA) does not exist at the college level; however, an IEP may be included as part of a more comprehensive report.

McDowell Tech Accessibility Services will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided for the individual. Students with disabilities are expected to satisfy the academic standards required by the college and perform essential course functions without substantially altering the curriculum requirements.

This document contains guidelines for the following:

1. [ADD/ADHD](#)
2. [Autism Spectrum Disorder](#)
3. [Deaf and Hard of Hearing](#)
4. [Learning Disability](#)
5. [Medical/Physical](#)
6. [Psychological/Psychiatric](#)
7. [Visual Impairment](#)

ADD/ADHD Documentation Guidelines

REQUIRED DOCUMENTATION

Submit a current (within 5 years) neuropsychological, psychological, or ADHD testing report specifying a diagnosis of ADHD, signed and dated by the examiner.

OR

Submit responses to the following questions completed by a medical or psychological examiner and typed on letterhead. The letter must be signed, dated, and include licensure/certification information.

Do not submit handwritten documentation. The documentation must include:

1. Diagnostic code (DSM-IV, IV-R, V), date of diagnosis, and date of last visit.
2. Severity of condition: mild, moderate or severe. Please provide examples.
3. How did you arrive at your diagnosis? Possible responses include: structured or unstructured interviews with the student or other persons, behavioral observations, developmental/medical history, educational history, or rating scales.
4. What medication(s) does the student take for ADHD? Do symptoms persist even with

medication?

5. Describe in detail the present impact of ADD/ADHD in two or more major areas of the student's life. Accommodations will be determined based on this information.
6. List ADHD symptoms that were present before the age of 7.
7. Please list and explain other medical conditions or psychiatric diagnoses that may affect the academic performance of this student.

Autism Spectrum Disorder Documentation Guidelines

REQUIRED DOCUMENTATION

1. The following professionals are considered qualified to assess and diagnose autism spectrum disorder: psychologists, psychiatrists, developmental pediatricians, neurologists, or an interdisciplinary team. All reports should be on letterhead, dated, signed, and include the name, title, and professional credentials of the evaluator.
2. A psychoeducational report including social-behavioral testing should be current within five years.
3. Documentation should substantiate the need for service based on the student's current functioning in an educational setting. If the student has been evaluated by an autism center such as TEACCH, please include the evaluation in the submitted documentation. **Do not submit handwritten documents unless submitting the AS Disability Verification form.**
4. A clear diagnostic statement of the disorder, including DSM-IV, IV-R, or V diagnosis, and a summary of present symptoms must accompany the documentation. In addition, a summary of evaluation procedures, diagnostic tests used, and evaluation results should be included. A comprehensive report would include:
 - a. Ability testing
 - b. Achievement testing
 - c. Specific cognitive processing evaluated for strengths and weaknesses, including visual-spatial processing
 - d. Social-emotional status—formal assessment instruments and/or clinical interviews are appropriate
5. The Slosson Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening devices that are not comprehensive enough to provide the information necessary to make accommodation decisions.
6. The Wide Range Achievement Test is not a comprehensive measure of achievement and, therefore, is not useful as the sole measure of achievement.
7. The impact of the disability on the individual should be discussed with particular detail regarding academic and social requirements. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

Deaf and Hard of Hearing Documentation Guidelines

REQUIRED DOCUMENTATION

1. An audiogram indicating the severity of the hearing impairment must be provided by a licensed audiologist.
2. If specific recommendations of accommodations are made, the rationale must relate each accommodation to the functional limitations imposed by the disability.
3. If other disabilities are present, please provide additional reports.

Learning Disability Documentation Guidelines

REQUIRED DOCUMENTATION

1. The following professionals are considered qualified to assess and diagnose learning disabilities: appropriately licensed/certified clinical psychologists, school psychologists, and neuropsychologists. The professional must have expertise in evaluating the impact of the learning disability on the student's educational performance. All reports should be on letterhead, dated, signed, and include the name, title, and professional credentials of the evaluator.
2. A psychoeducational report should be current within five years. Documentation should substantiate the need for service based on the student's current functioning in an educational setting.
3. A psychoeducational evaluation should include a clinical interview. The student's developmental, academic, mental, and social history should be investigated and reported. This evaluation must include a comprehensive assessment battery including aptitude, achievement, and processing instruments. The following aptitude tests are considered appropriate in the substantiation of a learning disability:
 - a. Wechsler Adult Intelligence Scale-IV (WAIS-IV); Wechsler Intelligence Scale for Children-IV (WISC-IV)
 - b. Woodcock-Johnson Test Psychoeducational Battery-III: Test of Cognitive Ability
 - c. Kaufman Adolescent and Adult Intelligence Test (KAIT)

The Slosson Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening devices that are not comprehensive enough to provide the information necessary to make accommodation decisions.

The following achievement tests are considered appropriate in the substantiation of a learning disability:

- d. Woodcock-Johnson Psychoeducational Battery-III: Tests of Achievement
- e. Wechsler Individual Achievement Test-II (WIAT-III)
- f. Scholastic Abilities Test for Adults (SATA)

The Wide Range Achievement Test is not a comprehensive measure of achievement and, therefore, is not useful as the sole measure of achievement.

4. The impact of the disability should be discussed with particular detail regarding academic requirements. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

Medical/Physical Documentation Guidelines

REQUIRED DOCUMENTATION

1. Documentation should be prepared by a licensed/clinical physician qualified to diagnose the disability. All documentation must be submitted on the official letterhead of the professional describing the disability.
2. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.
3. A current diagnosis with a date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. AS reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations.
4. The impact of the condition on the individual should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. **Do not submit handwritten documents**

unless submitting the AS Disability Verification form.

5. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.
6. What medication(s) does the student take for medical support? Do symptoms persist even with medication?
7. In cases of head trauma or medical conditions that affect the brain, a current neuropsychological or psychological evaluation report may allow the student to be accommodated more thoroughly.

Psychological/Psychiatric Documentation Guidelines

REQUIRED DOCUMENTATION

1. Documentation should be prepared by a licensed/clinical psychologist, psychiatrist, or other professional qualified to diagnose emotional/mental health disabilities. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.
2. A current diagnostic code (DSM-IV, IV-R, V), date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. AS reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations.
3. The impact of the disorder on the individual should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. **Do not submit handwritten documents unless submitting the AS Disability Verification form.**
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.
5. What medication(s) does the student take for emotional/mental health support? Do symptoms persist even with medication?
6. A current neuropsychological or psychological evaluation report may allow the student to be accommodated more thoroughly.

Visual Impairment Documentation Guidelines

REQUIRED DOCUMENTATION

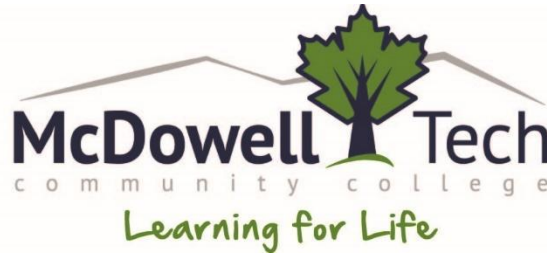
1. Documentation must be provided by an ophthalmologist, optometrist, or other licensed eye care professional. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.
2. Documentation should include a diagnosis and specify the best corrected visual acuity and degrees of visual field in each eye. Include the date of diagnosis, date of last visit, and severity of the condition, as well as treatment history and treatment plan.
3. Describe the impact the impairment has on the individual's visual ability and the functional limitations it may impose. The impact should be discussed with particular detail regarding academic requirements. Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notations is insufficient. **Do not submit handwritten documents unless submitting the AS Disability Verification form.**
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability.

ADA & ADA

DISABILITY VERIFICATION

CONFIDENTIAL

Return this form to Accessibility Services.



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54 College Dr., Marion, NC 28752

828-659-0489

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To be completed by the student:

Name: _____

By my signature below, I hereby authorize my healthcare provider, _____, to furnish the following information to the Office of Accessibility Services at McDowell Technical Community College. I further agree that the Coordinator of Disability Services may contact my healthcare provider named above to obtain additional information related to my limitations and recommended accommodations. I understand that relevant information obtained may be shared with the Vice President of Student Services and others involved in assisting with the establishment of reasonable accommodations.

Signature

date

To be completed by the healthcare provider:

Please list diagnoses that are related to the student's ability to perform essential academic tasks.

Primary diagnosis: _____

Date of diagnosis: _____

Is the condition listed above (circle one): permanent temporary episodic

- If temporary, estimated length of recovery period: _____
- If episodic, estimated length of time between flare-ups: _____

Secondary diagnosis: _____

Date of diagnosis: _____

Is the condition listed above (circle one): permanent temporary episodic

- If temporary, estimated length of recovery period: _____
- If episodic, estimated length of time between flare-ups: _____

Is the condition listed above (circle one): mild moderate severe

Please list any other comorbid diagnoses that may impact academic accessibility:

According to the Americans with Disabilities Amendments Act, major life activities may include but are not limited to the following. Please check all that are impacted by the physical or mental impairment of the student:

	Caring for oneself		Lifting
	Performing manual tasks		Operation of a major bodily function
	seeing		Bending
	hearing		Speaking
	eating		Learning
	sleeping		Reading
	walking		Concentrating
	standing		thinking
	communicating		working

Does the student’s physical or medical impairment significantly impact any of the following academic-related activities?

- Understanding lectures
- Concentrating during class
- Taking notes in class
- Participating in class
- Communicating with instructors
- Communicating with peers
- Completing assignments
- Taking exams
- Reading materials for class

Please list any other academic impact(s) not mentioned above:

Provider Name: _____

Practice address and phone number:

Differences Between High School and College for Students with Disabilities

<i>High School</i>	<i>College</i>
<i>Applicable Laws</i>	
<ul style="list-style-type: none"> • <i>IDEA 2004 (Individuals with Disabilities Education Act)</i> • <i>Section 504, Rehabilitation Act of 1973</i> • <i>Intention of IDEA is educational success</i> 	<ul style="list-style-type: none"> • <i>ADA (Americans with Disabilities Act of 1990, Title II)</i> • <i>Section 504, Rehabilitation Act of 1973</i> • <i>Intention of ADA is equal access</i>
<i>Documentation</i>	
<ul style="list-style-type: none"> • <i>IEP (Individual Education Plan) and/or 504 Plan</i> • <i>School division pays evaluation expenses</i> • <i>Eligibility by IDEA category</i> 	<ul style="list-style-type: none"> • <i>Documentation should include complete diagnostic testing results.</i> • <i>Documentation must provide information on specific functional limitations and demonstrate the need for specific accommodations</i> • <i>Student pays evaluation expenses</i>
<i>Student Role</i>	
<ul style="list-style-type: none"> • <i>Student identified by the school</i> • <i>Primary responsibility for arranging accommodations belongs to school</i> • <i>Teachers approach you if they believe you need assistance</i> 	<ul style="list-style-type: none"> • <i>Student self identifies</i> • <i>Student has primary responsibility for self advocacy and arranging accommodations</i> • <i>Professors expect students to seek help if needed</i>
<i>Parental Role</i>	
<ul style="list-style-type: none"> • <i>Parent has access to student records and can participate in accommodation process</i> • <i>Parent advocates for student</i> 	<ul style="list-style-type: none"> • <i>Parent does not have access to student records without written consent from student</i> • <i>Student advocates for self</i>
<i>Instruction</i>	
<ul style="list-style-type: none"> • <i>25-30 hours a week in the classroom</i> • <i>Emphasis on in class learning is primary, while independent reading and study is limited.</i> • <i>Learning is teacher focused</i> • <i>Teachers may modify or alter curriculum and/or pace of assignments</i> • <i>Reading assignments are short</i> • <i>Teachers direct students step by step with frequent reminders</i> • <i>Expectation of limited volume of writing while still learning writing process.</i> 	<ul style="list-style-type: none"> • <i>12-15 hours a week in the classroom</i> • <i>Emphasis on independent reading and study time.</i> • <i>Learning is student centered</i> • <i>Instructors not required to modify design or alter assignment deadlines</i> • <i>Substantial reading assignments and out of class research/study</i> • <i>Expectation of frequent independent review of class notes, text and research</i> • <i>Expectation of substantial volume of proficient writing</i>

Tests

- *IEP or 504 plan may include modifications to test format and/or grading*
- *Testing is frequent and covers small quantity of material*
- *Teachers often take time to remind you of due dates and assignments*

- Grading and test format changes are generally not available. Accommodations to HOW tests are given are available (extended time, reader, breaks w/o study)
- Testing often infrequent covers large amounts of material and may be cumulative.
- Makeup tests frequently not an option

Grades

- *Many assignments and tests are offered and no one assignment carries major course weight*
- *Teachers frequently go over grades, due dates and expectations*

- There may be very few assignments and each assignment may carry significant weight in the final grade.
- Long term assignments common
- Students expected to read, save and consult the course syllabus; Faculty give very little in the way of reminders.

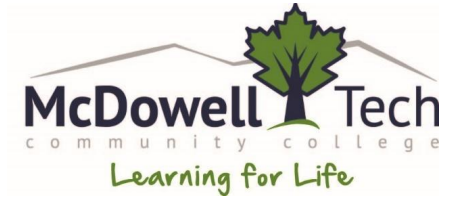
Study Responsibilities and Student Expectations

- Tutoring and study support may be a service provided as part of an IEP or 504 plan
- Time and assignments are structured by others.
- Daily schedule generally follows a consistent routine.
 - Study expectations may be as little as 0-2 hours a week and is generally last minute test preparation.
- Students are not expected to learn or study information beyond what is covered in class and assigned.
- Assimilation of information is generally provided by the teacher and often provided in a consolidated review or study guide
- Function with tremendous structure, guidance and specific proscribed direction

- Tutoring DOES NOT fall under Disability Services. All LC students have a variety of academic tutoring opportunities available. Individual tutoring is not provided.
- Students must manage their own time and complete assignments independently
- Daily schedule is not consistent and may have large blocks of time with no classes/labs.
- Study expectations are 2-3 hours outside of class for each hour spent in class.
- Pursuit of inquiry and research is expected • Assimilation of information (notes, reading, research) is the student's responsibility
- Function autonomously (independence and self sufficiency expected)

TO INSTRUCTORS

Return this form to Accessibility Services.



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NAME: _____

STUDENT ID #: _____ TERM/YEAR: _____

I, _____, give consent for McDowell Technical Community College to disclose my accommodations to my instructors.

Check **only one** box below:

- I want my accommodations sent to **all** of my instructors.
- I want my accommodations sent **only to the following instructors**.

Class	Instructor

Do you want your accommodations sent to the **ARC Lab** for tutoring services?

- Circle one: Yes No

By submitting this form, you are giving McDowell Tech Accessibility Services permission to send your accommodations to your instructors every semester until you are no longer enrolled. If you want your accommodations sent only to select instructors, then you must submit this form every semester that you enroll.

I understand that this release will expire with the completion of transactions related to services provided by McDowell Technical Community College.

Signature of student

Date

CONSENT FOR RELEASE
OF NON-DIRECTORY INFORMATION

CONFIDENTIAL

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By completing this form, I hereby authorize McDowell Technical Community College's Accessibility Coordinator to release/disclose my student record to the person(s)/organization named below. This includes (but is not limited to) disability accommodations, course schedules, advising, etc. I understand the individuals below must provide my student ID# and birthdate to conduct any College business on my behalf, and it is my responsibility to provide this information to them. This release is in effect from the date signed until I submit a request revising or revoking the release of information.

I _____ grant permission to the Accessibility Coordinator at McDowell
Student's Name (Please Print)

Technical Community College to release non-directory information to: (list individuals below)

Individual:

Relationship:

_____	_____
_____	_____
_____	_____

This permission remains in effect until I cancel by notifying the Student Services Office in writing.

Check only if you currently have a Consent for Release of Non-Directory Information on file.

I, the undersigned, do rescind prior authorization given to the third parties for the release of information.

I understand that this release will expire with the completion of transactions related to services provided by McDowell Technical Community College.

Signature of student

date

Signature of Accessibility Office Witness

date