



Student Centered • Future Focused

Disability Services

Student Handbook

Student Guide to Disability Services

Bladen Community College

“Bladen Community College shall comply with the provisions of the Civil Rights Act of 1964 and other acts banning discrimination because of race, national origin, color, religion, sex, disability, age, veteran status, or political affiliation.”

Divisional Mission Statement

Student Services shall assist all adults seeking to further their education by helping them to establish sound educational goals.

Student Services shall provide guidance and counseling to all students, which will assist them in educational and societal achievement.

Student Services shall function as an integral part of the total institution by assuring that students will be recognized as individuals with needs, interests, and abilities.

Departmental Mission Statement

Disability Services shall work individually with each student to understand his or her strengths and limitations in order to develop their most effective and comprehensive accommodation plan.

Disability Services shall collaborate with administrators, faculty, and staff to ensure that the facilitation of reasonable and appropriate accommodations for students with disabilities is provided.

Disability Services will operate in accordance with Section 504 of the Federal Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act of 1990.

Disability Services shall function as an integral part of the Student Services division and of the total institution in assuring that students will be recognized as individuals with needs, interests, and abilities.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act of 1990 is a civil rights legislation that extends Section 504 to all activities of state and local governments, including those that do not receive federal financial assistance. The ADA strengthened and expanded the provisions of Section 504 through a broader definition of disability and by allowing private parties to bring lawsuits to enforce their

rights under Title II.

Definition

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits a “major life activity,” or
- Has a record of impairment, or is regarded as having an impairment.

Student Responsibility

Students with disabilities bear the primary responsibility not only to identify their disabilities, but also for making necessary adjustments to the learning environment.

Certifying Eligibility for Services

Individuals with disabilities are protected from discrimination in admissions and employment. With adequate documentation of the current impact of the disability, individuals are entitled to appropriate and reasonable accommodations. The documentation must establish that the individual has a disability, and therefore is protected from discrimination. The documentation must also describe the current functional impact of the disability so that potential accommodations can be identified.

Required Documentation

Documentation must include a clear statement of the diagnosis, the basis for the diagnosis, and the current impact of the disability as it relates to the accommodation request. The documentation must also include:

- A diagnostic statement identifying the disability, date of the most current diagnostic evaluation, and the date of the original diagnosis.
- A description of the diagnostic tests and the examiner’s evaluation.
- A description of the current functional impact of the disability.
- A statement indicating treatments, medications, or assistive devices/services currently prescribed or in use, with a description of the mediating effects and potential side effects.
- A description of the expected progression or stability of the impact of the disability.
- A history of previous accommodations and their impact.
- The credentials of the diagnosing professional.

Academic Accommodations

Accommodations are interventions that students may utilize to support their academic performance. Accommodations are identified for each student on an individual basis.

It is very important that the student meet with the Disability, Testing, and Veterans Services Director, Carlton Bryan, 40 (forty) days prior to the start of each semester to ensure the appropriateness of classes and an accurate provision of services, should the student require reasonable accommodations.

Classroom Accommodations

Students are responsible for informing instructors about needed accommodations in the classroom. These accommodations should be identified through the disability coordinator. Instructors are not required to provide accommodations that are not previously identified by the

coordinator.

Students are responsible for using accommodations appropriately in all circumstances. Responsible use of accommodations includes, but is not limited to, providing advance information to instructors so they can provide the accommodations.

Testing and Evaluations

Depending on the disability, the student may require the administration of oral examinations, or through use of Assistive Technology, and/or, extensions of time for exams. Instructors maintain the right to observe and proctor tests to students with disabilities without exceptions.

Service Animals

BCC has the right to request certification for support animals that documents an animal is properly trained as a service animal. The certification must come from an organization that trains service animals. It must contain a doctor's statement explaining why the service animal is needed. It must also contain a certification of health from a veterinarian. Accommodations are made on an individual basis.

Learning Enhancement Center

The Learning Enhancement Center is located in building 8. It contains an open computer lab and small study rooms for individual tutoring. Peer tutoring is available by appointment. They also provide support and resources for learning.

Student Records

All student records pertaining to documentation are kept in a confidential file. Records are retained throughout the student's enrollment at the college, as well as for five years following graduation or exit from the college.

Differences between high school and college disability services:

High School	Post Secondary
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Applicable Laws

I.D.E.A. Section 504 Rehabilitation Act

ADA Section 504 Rehabilitation Act

Required Documentation

I.E.P (Individual Education Act) 504 Plan

Varies depending on the disability. I.E.P. and 504 are not sufficient, must include the testing on which accommodations are based.

School provides evaluation at no cost to students.

Student must get evaluation at own expense.

Schools conduct evaluations at prescribed intervals.

Student generally not required to be retested after initial documentation approval unless additional accommodations warrant more documentation.

Student Role

Student is identified and supported by parents/teachers.

Student must self-identify to the Disability Services Office or designated office.

Primary responsibility for accommodations belongs to the schools.

Primary responsibility for accommodations belongs to the student.

Parental Role

Parent has access to student's records and participate in the accommodation process.

Parent DOES NOT have access to disability-related records unless student provides written consent.

Parent advocates for student.

Student advocates for self.

Teacher/Instructor Role

Many modify curriculum and/or alter pace of assignments.

Not required to modify curriculum.

Use multi-sensory approach.

Tend to rely on lecture. May or may not use multi-approach.

Weekly testing, mid-term, final, and graded assignments.

Testing and assignment frequency vary.

Attendance taken and reported.

Although attendance is taken, student is responsible for attending class.

Grades

Grades may be modified based on the quality of curriculum.

Grades reflect the work submitted.

Campus Access

Service Animals

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Student Records

All student records pertaining to documentation are kept in a confidential file. Records are retained throughout the student's enrollment at the college, as well as for five years following graduation or exit from the college. Students must sign a release of information form if any confidential information is to be shared with other offices or people within the college or community.

There are narrow exceptions for disclosing specific, limited information about a person's disability. Necessary restriction, accommodations and emergency first aid or safety precautions can be divulged only when imperative.

Faculty members receiving a student's Accommodation Form should not share that form with other faculty, advisors, department heads, or deans without the expressed permission of the student. Any agreement to share information should be noted in the student's disability file.



Bladen Community College

CONSENT FOR RELEASE OF INFORMATION

I, _____, _____,
(Name of Student) (Student ID #)

authorize the Student Services Department of Bladen Community College to disclose to the Bladen Community College faculty and/or staff members, information regarding my disability and need for accommodations.

This information may be used to evaluate the need for educational services and/or to plan accommodations for an educational program. The use or release of this information is limited to purposes directly connected with my educational program.

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time, except to the extent that action has already been taken. This authority expires with the completion of all transactions related to services provided by Bladen Community College, unless otherwise specified.

I also understand that it is my responsibility to notify a Student Services counselor of my need for accommodations thirty (30) days before the scheduled date of the program, service, or activity; so that the college will have time to make appropriate arrangements to meet my needs. I further understand that it is my responsibility to provide professional verification that will justify the accommodations requested.

Student Signature

Date

Parent/Guardian Signature (When required)

Date

Witness

Date

Request for a Student with Disabilities

BCC INSTRUCTORS,

The purpose of this memo is to inform you of the needs of a student who has a documented disability. In post secondary education programs, it is the student's responsibility to notify the college of his/her disability, to provide documentation of the disability, and to request special accommodations that are appropriate to that documented disability. The Student Services Department is prepared to assist you in providing any special services or accommodations deemed necessary to assure a successful and rewarding semester for both you and the student. All accommodations will be in compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Student Name: _____ Student #: _____

Instructor: _____ Date: _____

Course: _____

Documented Disability:

[It is the student's responsibility to submit professional verification of the disability.]

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Communication Disability | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Psychiatric/Psychological Disability | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Systemic Disability |
| <input type="checkbox"/> Intellectual Disability | |

Accommodations are determined on the basis of diagnostic documentation, observation, recommendations of educational and medical professionals, and on interviews conducted with the student. The following specific accommodations, listed below, have been agreed upon by the student and by the Student Services counselor:

The student has indicated that _____

Student Signature Date

Student Services Signature Date

As an instructor, I will cooperate with the Student Services counselor and the student in providing the authorized accommodations, listed above, in a timely manner.

Instructor Signature Date

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Verification of Psychological Disability

Date: _____

Ref: _____

DOB: _____

This student has requested academic accommodations from the Disability Service Office at Bladen Community College on the basis of a psychological disability. By our definition, a psychological disability is coded on the DSM-IV-TR in Axis I or, in some cases, Axis II and interferes with major life functions. To qualify for academic accommodations, we need verification of this student's disability now and periodically as accommodations are requested. Your name has been provided as the diagnosing professional. Please complete all sections of this form and return to: **Carlton Bryan, Disability, Testing, and Veterans Services Director, Bladen Community College, PO Box 266, Dublin, NC, 28332.**

I DSM-IV-TR Diagnosis: Axis I _____
Code _____

Axis II _____
Code _____

Axis III _____
Code _____

Axis IV _____
Code _____

Axis V _____
Code _____

Date of Diagnosis: _____ Date of Last Visit: _____

How often do you meet with this student? _____

II Check one or more of the following major life activities that this condition interferes with:

_____ Walking _____ Hearing _____ Working _____ Learning _____ Seeing
_____ Performing Manual Tasks _____ Caring for self _____ Other

Is this condition disabling? _____

Is this condition likely to improve significantly within a year? _____

Describe the functional limitations and/or behavioral manifestations: (e.g. easily

distracted, poor concentration, difficulty focusing for extended period of time, difficulty formulating and executing plan of action, difficulty overcoming unexpected obstacles, panics in unfamiliar surroundings and situations, etc.) and recommendations you have prescribed:

BEHAVIOR

RECOMMENDATIONS

III List any medication(s) prescribed and side effects being experienced.

IV Describe information you have concerning this student's intellectual strengths and weaknesses.

V Please list instruments or tests used to arrive at the diagnosis.

Certifying Psychiatrist, Psychologist, or Neuropsychologist License # _____

Name

Date signed by certifying professional

Company

Telephone Number

Address

Signature



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FERPA Release Form

It is the policy of Bladen Community College, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as enrollment, academic honors and degrees, may be disclosed to the public. However, private information, such as address, phone number, grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____, Student ID _____, authorize Bladen Community College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Bladen Community College.

Please initial all that apply:

_____ All academic records. _____ All contact information

_____ All Financial Aid Information.

_____ Other _____

Persons to whom information may be released:

Name: _____

Name: _____

Name: _____

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Bladen Community College.

Signature: _____ Date: _____