Disability Services Application

Each semester, students requesting disability services are required to complete the Request for Disability Services application packet and return it to the Disability Services Office Building D, Room 108, at least two weeks before services are needed. Medical documentation of a disability that causes a student to be in need of special services must be submitted every three years, beginning with his/her first application. (Example: letters and reports from a licensed professional which include a diagnosis, a discussion of limitations, and the recommended accommodations for disabilities in an academic setting.) Refer to the appropriate medical documentation by disability type found in the Disability Services Policies and Procedures guidelines.

Other required forms in the application packet are the Disability Services Contract, Student Rights and Responsibilities Acknowledgement, and a State of Louisiana Voter Registration Agencies Declaration Form, all of which the student must complete and submit to the Disability Service Office.

An Authorization to Release Information form and a Testing Accommodations Form Request for a Scribe or Reader are also included with the application. Students may elect to complete the Authorization To Release Information form only if they wish to share medical documentation and records. Students may also elect to complete a Testing Accommodation Form Request For A Scribe Or Reader only if they wish to request a scribe or reader. Disability Services will process each student’s request and arrange accommodations specifically identified in medical documentation. Students with questions should call 678-6020 or 678-6539.

Extended test time is generally considered to be one and a half times the normal testing time needed to complete a regular classroom test. Test schedules-as determined by the student information sheet-are to follow the same class days as those for other students. Special cases will be determined by the instructor and the Student Support Specialist prior to the first test date in the semester.

The included forms are now front and back. Please complete both sides of each page!!!
REQUEST FOR DISABILITY SERVICES

Fall __ Spring __ Summer __ 20__

Name ___________________________________________ Date ___________

Last          First          Middle/Maiden

Address ___________________________________________

Street       City       State       Zip

BPCC Student ID# ______________________________________

Home Phone ____________________________ Cell Phone ____________________________

Student Email______________________________@student.bpcc.edu

Other Email _____________________________________________

Date of birth ___________________________ SS# _____________________________

College major(s) ___________________________________________

Have you previously registered with this office? Please check one. Yes ☐ No ☐

How sure are you about your college major? Please circle one:

☐ Undecided           ☐ Need to explore college majors           ☐ Decided

Veteran? Yes _____ No _____

Are you a client of Vocational Rehab? ____________________________

In addition to reviewing your medical documentation, please answer the following questions so that Disability Services can fully assess your necessary accommodation.

Please circle any of the following that describe your disability:

☐ Physical           ☐ Learning           ☐ Mental           ☐ Emotional           ☐ Psychological

What accommodations are you requesting? Include academic, physical, communication, access needs, etc.

Accommodations: ___________________________________________

Reason for Accommodations: ___________________________________________

Accommodations: ___________________________________________

Reason for Accommodations: ___________________________________________

Accommodations: ___________________________________________

Reason for Accommodations: ___________________________________________

Accommodations: ___________________________________________

Reason for Accommodations: ___________________________________________

Accommodations: ___________________________________________

Reason for Accommodations: ___________________________________________

Accommodations: ___________________________________________

Reason for Accommodations: ___________________________________________

Your request for services and accommodations must be submitted with formal medical documentation. Both your medical documentation and this application packet must be received before reviewing your request!

Bossier Parish Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran’s status, or sexual orientation in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Bossier Parish Community College does not discriminate in its hiring or employment practices. Title VI, Section 504, and ADA Coordinator: Sarah Culpepper, Disability Services Coordinator, Disability Services, D-108, 6220 East Texas Street, Bossier City, LA, 71111, 318-678-6539, sculpepper@bpcc.edu, 8:00 a.m. – 4:30 p.m. Monday-Friday, excluding holidays and weekends. Equity/Compliance Coordinator: Teri Bashara, Director of Human Resources, Human Resources Office, A-105, 6220 East Texas Street, Bossier City, LA, 71111, 318-678-6056, tbashara@bpcc.edu, 8:00 a.m. – 4:30 p.m. Monday – Friday, excluding holidays and weekends.
DISABILITY SERVICES CONTRACT

I have received a copy of the Disability Services Policies and Procedures. I understand that it is my responsibility to initiate requests for accommodations and to assume responsibility for following those policies and procedures. I understand that these policies and procedures may also be found online at http://www.bpcc.edu/disabilityservices/index.html.

My signature below indicates that I fully understand my rights and responsibilities as a recipient of these services at Bossier Parish Community College. My signature also authorizes Disability Services at Bossier Parish Community College to discuss, either in writing or orally, my academic accommodations with appropriate administrators, instructors, professors, and third-party service providers as deemed necessary by BPCC Disability Services staff for the purpose of providing and/or coordinating accommodations and services for me.

Print Student’s name: ____________________________________________

Last First Middle

Student’s Signature: ____________________________________________ Date: ___________________

Disability Services Coordinator: __________________________ Date: ___________________

Signature

Each student receiving academic accommodations must notify Disability Services regarding any schedule changes. Please initial and date your acknowledgement of this policy.

Student’s Initials: ___________________________ Date: ___________________________
Student Rights

- not to be denied access due to disability
- to receive reasonable accommodations that provide equal opportunity
- to have access to auxiliary aids/assistive technology
- not to be counseled toward "more restrictive career objectives"
- to receive assistance from the Disability Services office in removing any physical, academic, and/or attitudinal barriers
- not to be discriminated against due to a disability or receive any retaliatory discrimination
- to expect all disability related information to be treated confidentially

Student Responsibilities

- to identify himself or herself to the Disability Services Coordinator
- to provide a Request for Disability Services Application for the initial semester and for each subsequent semester
- to provide medical documentation of disability
- to initiate requests for accommodations by providing a certification of disability letter at least two weeks prior to the beginning of the semester
- to complete all preliminary and semester forms required by Disability Services
- to provide a minimum of two-weeks’ notice prior to the beginning of the semester for all major accommodation requests (special accommodations of equipment may need more than four weeks)
- to act as a self-advocate
- to follow all Disability Services Policies and Procedures
- to provide one-week notice to the instructor and Student Support Specialist when he/she will be testing in the Testing Center
- to understand and accept that if a one-week notice is not given, the student’s desired testing time may be altered by the Student Support Specialist
- to assume responsibility for testing procedures and to notify faculty and Disability Services accordingly
- to provide for his/her personal independent living needs or other personal disability-related needs
- to assume personal responsibility for meeting with faculty and meeting College standards
- to pay any costs associated with providing medical documentation necessary to receive accommodation(s)

TIPS FOR WORKING WITH INSTRUCTORS/PROFESSORS

1. The student should introduce himself or herself to each instructor as soon as possible. The student may consider making an appointment with the instructor in order to address any special needs that may arise.

2. Students are encouraged to be confident, pleasant, and respectful towards their instructors. All students are encouraged to practice an assertive, reasonable approach while communicating their needs to instructors.

3. It is not necessary for a student to disclose his/her disability to the instructor. However, if the student decides to disclose, he/she should state the disability in simple terms.

4. The student should explain how the disability limits his/her functioning in plain, simple terms. For example, "I cannot see material on the board or read regular print" or "I cannot take notes because I have to watch the interpreter to understand what you are saying."

5. Should difficulties arise in a particular class, students are encouraged to express concerns to the instructor and to prepare suggestions for alternative solutions before visiting Disability Services for assistance.

Student’s Signature

Date