

# **SOUTH GEORGIA STATE COLLEGE**



## **GUIDELINES FOR STUDENTS WITH DISABILITIES**



**Douglas  
Campus**

**Campus Life, Powell Hall, Room 118  
Phone: 912.260.4435 Fax: 912.260.4459**

**Waycross  
Campus**

**Campus Life, Dye Building, Room 130  
912.449.7593**

**Valdosta Site**

**SGSC Entry Program, Entrance #9 of the University Center,  
912.260.4663**

**Americus Site**

**SGSC Entry Program, Collum Hall, Room 208,  
912.260.4682**

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Dear Student:

Thank you for contacting the Office of Disability Services at South Georgia State College. The Office of Disability Services is committed to coordinating and facilitating appropriate academic and support services for students with documented disabilities. Services are available to those students who choose to **self-identify** and submit appropriate documentation of their disability.

The procedures for registering with the Office of Disability Services are outlined on the following list of student responsibilities. By following the procedures and providing the Office of Disability Services with both your intake information (See attached.) and your diagnostic documentation, you will help to expedite the registration process. Your documentation must be current, from a qualified health professional, and meet the Board of Regents' criteria.

Students registered with Disability Support Services should meet deadlines and procedural requirements established by the Office of Disability Services and SGSC.

Please contact one of our offices if you have any questions or concerns.

**Douglas  
Campus**

Campus Life, Powell Hall – Room 118,  
Phone: 912.260.4435 Fax: 912.260.4459

**Waycross  
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Campus Life, Dye Building – Room 130, 912.449.7593

**Valdosta Site**

SGSC Entry Program, Entrance #9 (on Ann Street) of the  
University Center, 912.260.4663

**Americus Site**

SGSC Entry Program, Collum Hall - Room 208, 912.260.4682

Sincerely,

Annette Nation  
Coordinator of Student Support Services  
Phone: 912.260.4435 Fax: 912.260.4459

## PROCEDURES FOR RECEIVING SERVICES

### Student Responsibilities:

- A. Contact ODS to obtain appropriate paperwork to register with ODS. (Students must self-identify as an individual with a disability when seeking a reasonable accommodation.)
- B. Complete ODS Intake Forms. (Intake forms are attached to the back of this guidelines packet.)
- C. Provide ODS appropriate documentation that includes a statement of diagnosis and suggested accommodations to validate request for academic accommodations. Documentation **must be current** and provided by a qualified health professional such as physician, audiologist, psychologist, psychiatrist, or neuropsychologist.
- D. Meet with your ODS coordinator to request reasonable accommodations.
- E. Follow all time deadlines and procedures necessary to receive your specific accommodations.
- F. Contact your ODS coordinator **prior to the beginning** of each semester in order to discuss any necessary changes in your accommodations and receive your accommodation letters for each instructor.
- G. Present the accommodation letter to the instructor each semester in a timely manner. Students are strongly encouraged to obtain the accommodation letters and present them to their instructors within the first week of each semester.
- H. Contact your ODS coordinator immediately should you encounter any difficulty or concern regarding your accommodations.
- I. Abide by South Georgia State College's standards and guidelines for behavior in the **SGSC Student Handbook**.
- J. Meet the College's qualifications and essential technical, academic, and institutional standards.

**Note: Noncompliance on the part of the student with the procedures stated herein may result in delays in or denial of the provision of accommodations.**

## **ODS Responsibilities:**

- A. Review the student's documentation and meet with the student as necessary to determine eligibility for receiving reasonable accommodations.
- B. Present student's documentation to the Regent's Center for Learning Disabilities in a timely manner if their review and recommendations are appropriate.
- C. Meet with assigned student to discuss the approved accommodations and the procedures necessary to obtain them.
- D. Prepare paperwork (such as "Accommodation Letters/Contracts") as necessary to facilitate receipt of appropriate accommodations for which the student is approved.
- E. Assist the student with the accommodations process.
- F. Assist the student in resolving problems that may occur during the accommodations process.
- G. Interact with SGSC faculty, staff, and non-SGSC professionals on student's behalf as appropriate.
- H. Maintain records of interactions with student related to the administration of accommodations.

All requests for University System accommodations (foreign language substitutions, additional semesters in Learning Support, and special accommodations for the Regents Exam, CPE/Compass) must be submitted to the Regents Center for Learning Disorders at Georgia Southern University. Students requesting University System testing accommodations for entrance or placement tests should make their request well in advance of testing date to ensure appropriate time for needed arrangements.

## **DOCUMENTATION REQUIREMENTS**

The Office of Disability Services is responsible for maintaining confidential student files. These files include appropriate documentation of the disability, intake forms, a record of contacts with the student, and a record of services provided. To determine appropriate and reasonable accommodations, documentation must be furnished. The following documentation is required for:

**Learning Disabilities** - A psychological or psycho-educational evaluation, not older than three years, must be provided by a licensed professional. The evaluation must meet the Board of Regents criteria for LD eligibility. Additional records from primary or secondary schools may be requested.

**Attention Deficit Disorder** - A psychological or psycho-educational evaluation, not older than three years, must be provided by a licensed professional. The evaluation must meet the Board of Regents criteria for LD ADHD. Additional records from primary or secondary schools may be requested.

**Traumatic Brain Injury** - A psychological or psycho-educational evaluation, not older than three years, must be provided by a licensed professional. The evaluation must meet the Board of Regents criteria for LD eligibility. Additional records from primary or secondary schools may be requested.

**All Other Disabling Conditions** – A letter from a qualified practitioner that provides a diagnosis, the current status of the condition, the impact of the condition on academic performance and any suggested academic accommodations.

**If documentation is not current, or if the student has never been tested:**

The student is assisted in the process of obtaining appropriate documentation. The student is provided with standards established by the BOR for outside evaluations and provided with information on obtaining testing from the RCLD at Georgia Southern.

**The student must then choose either “Outside Documentation” or “RCLD testing”:**

1. OUTSIDE DOCUMENTATION: When outside documentation is chosen, the student compiles the materials and presents them to the Office of Disability Services at SGC. ODS will send the outside documentation to RCLD for evaluation.
2. RCLD TESTING: When testing from the Regents Center for Learning Disorders is chosen, the student completes a pre-testing packet for the RCLD. This packet is submitted to the ODS at SGC, which then forwards it to the RCLD for evaluation.

**The RCLD makes all decisions regarding academic accommodations and refers them by letter to the ODS at SGSC, which then facilitates services.**

## **EVALUATION BY THE REGENTS CENTER FOR LEARNING DISORDERS**

The Board of Regents of the University System of Georgia has established three centers for the provision of assessment, resources, and research related to students within the University System who have learning disorders. The Regents Centers for Learning Disorders (RCLD) are located at Georgia Southern University, The University of Georgia, and Georgia State University. Each RCLD is responsible for serving designated colleges and universities within a geographic region.

Students who do not have current evaluations that meet state guidelines may be referred to the Center for evaluation but must meet certain requirements. Students who are referred for testing or an evaluation review must be enrolled in the referring institution. Exceptions to the rule are considered when students who are applying for admission to an institution and require verification of a disability for the institution CPC foreign language requirement. Referral for testing or evaluation review in these cases should come from the institution at which admission is pending. No exceptions will be made to the University System admissions requirements. (*Academic Affairs Handbook, Section 2.22 [2/2009]*).

Students who wish to be tested by the RCLD should contact the ODS on their campus. An ODS staff member will schedule an appointment with the student to go over the pre-testing packet. When a student returns this packet, an ODS staff member will check for completeness and forward the packet to the RCLD at Georgia Southern. The RCLD schedules the evaluation and notifies the student of the time, date, and place for the evaluation. The Georgia Southern RCLD is located in the Cone Hall Basement. The student is responsible for the evaluation fee of \$500.00. This fee is to be mailed to the RCLD along with the pre-testing packet.

## **ACCOMMODATION LETTERS/CONTRACTS**

The Accommodation Letter/Contract is used as a means of communication among the student, the Office of Disability Services (ODS), and the faculty. Academic and physical accommodations to which a student is entitled are listed in the letter. The process for use of the Accommodation Letter/Contract is as follows:

1. The student completes the Voluntary Declaration of Disability/ADA Self-Identification Form and meets with a staff member from the ODS to present documentation of the disabling condition. When that documentation has met all standards established by the BOR, the student is eligible for an Accommodation Letter/Contract.
2. Based on the documentation and recommendations of the BOR, the ODS Coordinator, along with the student, determines appropriate and individualized accommodations. These reasonable accommodations are outlined in the Accommodation Letter(s)/Contract(s).
3. At the beginning of each term, the student requests an Accommodation Letter(s)/Contract(s) from the ODS Coordinator. The student then comes to the ODS office for the letter(s)/contracts and the Faculty Acknowledgement of Academic Accommodations Form(s).

4. The student is responsible for making sure the instructor has received the Accommodation Letter/Contract at the beginning of each term, and that the Faculty Acknowledgement of Academic Accommodations Form has been signed by the instructor and returned to the ODS. Faculty members are under no obligation to provide accommodations until an Accommodation Letter/Contract is received. Accommodations should begin within a reasonable period following delivery of the Accommodation Letter/Contract.

## **PROCEDURES FOR DISABILITY-RELATED ABSENCES**

1. Students are expected to follow the attendance policy established by the instructor in each class.
2. If a qualified student with a disability cannot attend class because of disability-related reasons, the student should contact the Office of Disability Services prior to the beginning of the semester, or as soon as possible after the need for an exception arises.
3. Determination of eligibility for a disability-related exception to the attendance policy is made by the Disability Service Coordinator (DSC) in consultation with the instructor of the course for which the exception is sought. The DSC may consult with the Regents Center of Learning Disorders at GSU for this request.
4. As with all disability accommodations, exceptions to the attendance policy will be determined on an individual, case-by-case basis.
5. Students who are approved for an exception to the attendance policy are expected to contact instructors in advance of an anticipated absence.
6. In the case of emergencies or unexpected disability-related absences, contact should be made as soon as possible with the instructor to verify the reason for the absence and discuss make-up work. The student and instructor should come to a clear agreement about the nature of the make-up work and deadlines for completing it.
7. It is the individual student's responsibility to obtain copies of lecture notes and/or materials from missed classes due to a disability-related issue.
8. Students should make a special effort to attend class for exams and to observe deadlines for submission for assignments.



9. Exception to the attendance policy does **not** mean exception to any of the other academic requirements of the course.
10. Students should provide verification of absences from health practitioners for instructors when requested.
11. Students should be aware that exceptions to the attendance policy may not be possible in all courses because class attendance is an essential, integral part of some courses.

### **Testing Accommodations**

1. Students that are determined eligible for testing accommodations must pick up their Accommodation Letters/Contracts from the ODS at the beginning of each semester. (Preferably before the first class meeting.)
2. Students must present the Accommodation Letters/Contracts to their instructors in a timely manner and discuss the testing accommodations.
3. Students and instructors are encouraged to arrange testing accommodations within the department to insure better student access to instructors.
4. If testing accommodations **cannot** be made within the department, students need to complete a *Test Accommodation Form* with their instructor and schedule the test with the ODS or the Waycross Campus Academic Support Center. (Test Accommodation Forms are located in the ODS and Waycross Campus Academic Support Center)
5. In order to schedule testing in the ODS/ Waycross Campus Academic Support Center, the student is encouraged to submit the **completed** Test Accommodation Form no later than one week before the test.
6. If you have scheduled a test with the ODS/Waycross Campus Academic Support Center and valid circumstances require a change in your test schedule, you must contact the ODS/ Waycross Campus Academic Support Center as soon as possible.
7. Students are required to be on-time for scheduled tests with the ODS/Waycross Campus Academic Support Center. Instructors will be notified of late arrivals and no shows. If rescheduling of the test is necessary, the instructor must give the student permission to reschedule at another time.

8. If a student is testing with the ODS/ Waycross Campus Academic Support Center, he/she will be allowed to use only the materials that have been approved by the instructor on the Testing Accommodation Form.
9. Students that test with the ODS/ Waycross Campus Academic Support Center will be monitored electronically.
10. If any difficulties arise concerning your testing accommodations, contact the ODS immediately for assistance.
11. Students accommodated with testing services at the ODS/Waycross Campus Academic Support Center are expected to adhere to the Student Conduct Rules and Regulations as stated in the SGSC Student Handbook.

### **STUDENT FILES—STATEMENT OF CONFIDENTIALITY**

Student files are confidential and are kept in a secured location in the ODS. All records kept by the ODS shall remain *confidential information* and will be disclosed to a third party only with the student's written permission. A record of disclosure will be kept on file.

The Family Educational Rights and Privacy Act of 1974 protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data. The ODS complies with this act as outlined in the SGSC catalog.

# South Georgia State College

## Guidelines for Students with Disabilities Intake Manual

I, \_\_\_\_\_, have read and understand the guidelines outlined in the *SGSC Guidelines for Students with Disabilities Intake Manual*. I understand that this manual is not an all-inclusive document, and I must contact the Office of Disability Services for assistance if I am unsure of the appropriate procedure to follow and/or with a situation not covered by this manual. I also understand that noncompliance on my part with the procedures stated herein may result in delays in or denial of the provision of accommodations.

Student Name: \_\_\_\_\_  
(Please Print)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note to ODS Staff: Please have the student sign this form and place the original copy in his/her ODS file.

South Georgia State College  
Office of Disability Services  
100 West College Park Drive  
Douglas, Georgia 31533-5098  
Phone 912.260.4435  
Fax 912.260.4459  
[annette.nation@sgc.edu](mailto:annette.nation@sgc.edu)

## Disability Services Intake Form

Today's Date: \_\_\_\_\_

### Biographical Information

Name: \_\_\_\_\_ Name Preferred: \_\_\_\_\_

SGSC ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

SGSC Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Optional: Gender \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Referred by: \_\_\_\_\_

### Local Address:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### Permanent Address:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### Parent/Guardian

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### Disability(ies):

\_\_\_\_\_  
\_\_\_\_\_

### Date(s) of Onset and/or Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

**Primary Health Professional  
Name and Address:**

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**Secondary health Professional  
Name and Address:**

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Current Medications: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Are you registered with the Division of Rehabilitation Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of counselor: \_\_\_\_\_

**Accommodations:**

Please list any academic accommodations or support services that you have received in the past.

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Please list any academic accommodations or support services which you would like to request at South Georgia State College.

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Please note any additional information that may assist Disability Services in providing you with accommodations.

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## **VOLUNTARY DECLARATION OF DISABILITY**

**This form is to be completed only if you have a disability and are requesting academic accommodations.**

The information on this form is **confidential** and will be released only to those individuals responsible for providing assistance to students with disabling conditions.

Please check the area(s) that best describe(s) your disability:

- |   |   |
|---|---|
| <input type="checkbox"/> Learning Disability        | <input type="checkbox"/> Physical Disability              |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hearing/Visual/Speech Disability |
| <input type="checkbox"/> Psychological Disability   | <input type="checkbox"/> Other (please describe)          |
- \_\_\_\_\_

\_\_\_\_\_ **I have a physical disability and request accommodations in housing.**

Please provide us with the following information:

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

|        |         |            |
|--------|---------|------------|
| (City) | (State) | (Zip Code) |
|--------|---------|------------|

Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- I am a first time beginning freshman
- Returning Student
- Transfer

I plan to begin attending South Georgia State College: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions concerning this procedure, please contact Annette Nation, Coordinator of Student Support Services, at (912) 260-4435 or (912) 449-7593.

**Office of Disability Services**  
South Georgia State College  
Douglas, Georgia 31533  
Phone: 912.260.4435 Fax: 912.260.4459

**CONSENT TO RELEASE INFORMATION**

**NAME:** \_\_\_\_\_ **SGSC ID#:** \_\_\_\_\_

I, the undersigned, hereby authorize: **Annette Nation, Coordinator of Student Support Services**  
to release/exchange information concerning the above-named person to:

**Regents Center for Learning Disorders**

(Name of Person or Institution)

**Georgia Southern University – George W. Shaver, Director**

(Address)

**Specific type of information to be disclosed/exchanged:**

|  |   |
|--|---|
| <input type="checkbox"/> Assessment          | <input type="checkbox"/> Testing Reports    |
| <input type="checkbox"/> Attendance          | <input type="checkbox"/> Recommendations    |
| <input type="checkbox"/> Treatment Progress  | <input type="checkbox"/> Counseling Records |
| <input type="checkbox"/> Drug/Alcohol Issues | <input type="checkbox"/> All of the Above   |
| <input type="checkbox"/> Treatment Summary   | <input type="checkbox"/> Other _____        |

**I understand that the information is to be used for:**

|  |  |
|--|--|
| <input type="checkbox"/> Academic Considerations         | <input type="checkbox"/> Family Involvement      |
| <input type="checkbox"/> Contact with Referral Source    | <input type="checkbox"/> Continuity of Treatment |
| <input type="checkbox"/> Professional Aftercare Planning | <input type="checkbox"/> Other _____             |

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to which disclosure was made shall be included with my original records in the Office of Disability Services. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

This release expires in 12 months unless another date is specified: \_\_\_\_\_

**Name (Signature):** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Permission to transmit documentation by fax:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials**

**South Georgia State College  
Office of Disability Services**

**Release of Information  
Parent or Guardian**

I hereby authorize the Office of Disability Services at South Georgia State College to release or discuss any pertinent medical, psychological, educational, or vocational information to the parent or guardian listed below. The purpose of this disclosure is to assist me as I pursue my educational goals. Disclosures of information will be restricted to what is necessary, relevant, and verifiable. A photocopy of this authorization shall be as valid as the original document.

**Parent/Guardian  
Name(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian  
Address(es):** \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian  
Phone # (s):** \_\_\_\_\_  
\_\_\_\_\_

**Student's  
Signature:** \_\_\_\_\_

**Student's  
Name:** \_\_\_\_\_

**(Please Print)**

**SGSC ID#:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_