



# MISSISSIPPI DELTA

COMMUNITY COLLEGE

## STUDENT DISABILITY SERVICES

### Application for Services

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Permanent (HOME) Address: \_\_\_\_\_

School Address (last school attended): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell School Other

List high schools and colleges previously attended below:

- Please list your intended major: \_\_\_\_\_
- In case of an emergency, contact: \_\_\_\_\_ phone: \_\_\_\_\_

- Type of Disability:
 

<input type="checkbox"/> Deaf / Hard of Hearing	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Blind/Visually Impaired	<input type="checkbox"/> Mobility Impaired
<input type="checkbox"/> Other: _____	

- Documentation from the appropriate treating professional is required in order to receive disability support services. Please list those who will be providing documentation for your file:

<u>NAME</u>	<u>AGENCY</u>	<u>TYPE OF DOCUMENTATION</u>
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Notice of Non-Discrimination Statement

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.



**STUDENT DISABILITY SERVICES**  
**Application for Services**

**CONSENT FORM**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize Mississippi Delta Community College's Office of Student Disability Services to communicate with the following as needed (please check any or all appropriate):

Parents or Guardians  
*List exclusions, if any:* \_\_\_\_\_

MDCC Faculty/Staff; other On-Campus services (i.e. Student Services, Housing, etc.)  
*List exclusions, if any:* \_\_\_\_\_

Off-Campus Services (i.e. Professionals, Schools, Voc-Rehab, etc.) *List exclusions, if any:* \_\_\_\_\_

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance, or information that may relate to accommodating student's needs on MDCC's campus.

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

*This consent form will be valid until revoked by the student.*

*A photocopy of the original consent form shall be as valid as the original consent form*

# STUDENT DISABILITY SERVICES

## Application for Services

### GENERAL GUIDELINES FOR DOCUMENTATION OF A DISABILITY

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 both require institutions of higher education to provide *equal access to educational opportunities to otherwise qualified "persons with disabilities."* Therefore, students requesting services from the Student Disability Services Office are required to submit documentation of the disability in order to verify their eligibility under these laws. It is the student's responsibility to seek and present documentation, which consists of an evaluation by an appropriate professional and a description of the current impact of the disability as it relates to the accommodations requested. The documentation provided is then used to evaluate the request for accommodations or aids. All documentation presented to the Student Disability Services Office is confidential and kept in confidential files.

The following guide for documentation is provided to assist you in working with your treating professional(s) to prepare the information needed to evaluate your request for accommodations. All documentation should be recent (within last three years) and should include a clear statement of the disability and its impact as it relates to the accommodation request. As appropriate to the specific disability, documentation should include:

- A diagnostic statement *clearly* identifying the disability, date of the most current diagnostic evaluation and date of the original diagnosis.
- A description of the diagnostic tests, methods, and/or criteria used including specific test results (including standardized test scores) and the examiner's narrative interpretation.
- A description of the current functional impact or limitations of the disability on learning and other major life activities, and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- A description of treatments, medications, assistive devices, accommodations and/or assistive services in current use, as well as recommendations and rationale for accommodations to be provided in the post secondary learning environment.
- A description of the expected progression or stability of the impact of the disability over time.

The credentials of the diagnosing professional(s), including name, title, professional certifications, licensure, and qualifications; and contact information (location/ address, telephone number, email address, etc.). Please note that diagnosing professionals shall not be family members or others with a close personal relationship with the individual being evaluated. All documentation should be dated and signed by the treating professional(s).

Requests for accommodations and supporting documentation *must be initiated by the student.*

Reasonable accommodations cannot be implemented until the student's documentation is complete. Once both the written request for accommodations *and* the documentation is received, the Disability Support Services committee will review the application and will respond within thirty (30) days.