



Request For Disability Support Services

This form is **three (3) pages**. You must **complete all three (3) pages**. Return this form **along with proper documentation of the disability** to:
Kay Morgan, Special Populations and Retention Coordinator

Fax: 706-754-7777 (Not recommended.)
Mail: North Georgia Technical College, Disability Services, PO Box 65, Clarkesville, GA 30523
Email: **kmorgan@northgatech.edu**

Name: _____ Student ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ NGTC Email: _____@mynorthgatech.edu

Term / Year to begin services: Fall 20____ Spring 20____ Summer 20____
Campus: Blairsville Clarkesville Currahee
Student Type: New Student Current Student

Disability:

- Visual Impairment Hearing Impairment Manual/Mobility Impairment
 Medical Impairment Psychological Impairment Learning Disorder
 Traumatic Brain Injury Attention Deficit Disorder
 Other health impairment (describe) _____

Referred By:

- No Referral / Self-Selected High School (List details below) Vocational Rehabilitation (List details below)
 Other (describe / list details below) _____

If referred for disability services, enter contact information below for the individual/agency that provided the referral.

Agency/School: _____ Counselor/contact: _____

Address: _____ Phone: _____

Requested Services: (List Desired Accommodations, if any)

- Admission Placement Test Accommodations _____
 Classroom Accommodations _____
 Career Guidance _____
 Residence Hall Accommodations _____
 Other (describe) _____

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This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 5/10/18

North Georgia Technical College Diagnostic/Documentation Requirements for Disabilities

Requests for support services for disabilities that affect learning and/or require a physical alteration will require current documentation that verifies the disability, clarifies the areas of learning affected, and states the accommodations recommended as appropriate. Diagnostic/documentation is time sensitive. The time requirements will be listed in the criteria by specific disability category.

Please check the box in the list below next to any and all disabilities for which you are requesting accommodations, and for which you will provide current diagnostic/ documentation as listed in the criteria for that disability(s). The documentation you submit **must meet the listed criteria**.

Criteria for Learning Disabilities

- Psychological Profile not more than 3 years old or Adult normed psychological test signed by an individual with the credentials to make the diagnosis
- Specific learning disability must be stated
- Individually administered intelligence test
- Information processing
- Oral language skills, social emotional status, specific academic deficits assessed
- Achievement assessment-in math, reading, written language skills
- Assessed using appropriate age norms
- Suggestions on possible accommodations for student

Criteria for ADD/ADHD

- Documentation not more than 3 years old written on letterhead and signed by an individual with the credentials to make the diagnosis
- Self-report of at least 3 major behaviors from DSM-IV
- Observations from 2 professionals working independently with student under direction and time constraints
- Documentation of 2 scales of ADHD behaviors
- Schizophrenia, borderline personality disorder, autism or mental retardation not the primary disability
- Suggestions on possible accommodations for student

Criteria for Brain Injuries

- Documentation not more than 3 years old written on letterhead and signed by the specialist detailing the impact of the limitations on ability to participate in postsecondary program
- Current assessment using adult norms of cognitive and psychological strengths and limitations, readiness to participate, and preferred learning style from a neurologist or other appropriate medical specialist
- Evidence that impairment substantially limits one or more major life activities
- Suggestions on possible accommodations for student

Criteria for Visual, Hearing, Health, and Mobility Impairments

- Documentation not more than 3 years old written on letterhead and signed by an individual with the credentials to make the diagnosis
- Include the specific diagnosis for visual/hearing/health/mobility impairment and attach any test results which measures limitations on learning
- Report should include any medications or aids used by student, including effects these have on the limitations on learning
- Suggestions on possible accommodations for student

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North Georgia Technical College
Diagnostic/Documentation Requirements for Disabilities

Criteria for Psychological Disorders

- Be not more than 3 years old written on letterhead of diagnostician and signed by individual with credentials to make diagnosis
- DSM-IV diagnosis/date of diagnosis
- Assessment procedures used to make diagnosis and attach any tests used to measure learning limitations
- Major symptoms currently being manifested and date of last visit
- Level of symptom severity (Global Assessment of Functioning) and what is treatment plan and prognosis
- Report should include current medications student is taking and the impact it has on learning
- Suggestions on possible accommodations

Emotional Support Animals

An emotional support animal (ESA) is not a pet. It is a companion animal, typically, but not limited to, a dog or cat, which provides a therapeutic benefit to alleviate or mitigate one or more symptoms of a mental or psychiatric disability, and is used in the student's ongoing therapy. Therefore, students who wish to request an ESA will need to provide documentation each academic year containing updated information on their treatment plan for the use of an ESA. Students requesting to live in the NGTC Residence Hall with their ESA will be required to provide additional information to the NGTC DSS regarding their **specific ESA with which the student already has an established relationship as their ESA**. An ESA is not a Service Animal (SA). While SA's may be allowed in a classroom, approved ESA's are only permitted in the student's dorm room.

Criteria for Psychological Disorders Requesting an Emotional Support Animal (ESA)

- Be written on letterhead of diagnostician and signed by individual with credentials to make diagnosis and dated within the last academic year. (August 1 – July 31)
- DSM-IV diagnosis/date of diagnosis
- Assessment procedures used to make diagnosis and attach any tests used to measure learning limitations
- Major symptoms currently being manifested and date of last visit
- Level of symptom severity (Global Assessment of Functioning) and what is treatment plan and prognosis/anticipated duration of condition
- Provide evidence the student is currently being treated for the condition for which the accommodation is requested
- Explanation of **how the condition relates** to request for an ESA. There must be a **direct link** established between the condition and requested ESA
- Symptoms that will be reduced by having the ESA, and how the ESA with whom the student has an established relationship is part of and fits the student's ongoing treatment plan with the diagnostician
- State the current impact of (or **functional limitations**) imposed by the condition on student's living situation
- Suggestions on possible accommodations

Acknowledgement of Documentation Requirements: (Please read carefully.)

- I understand that the documentation I provide must meet the criteria and contain the information listed under my specific disability.
- I understand the diagnosis/evaluation must have been conducted by a qualified licensed professional and be submitted on official letterhead.
- I understand that an IEP and/or 504 plan are not sufficient documentation to establish eligibility, but may be included.
- I understand my request cannot be reviewed/processed until all required forms and diagnostic documentation have been submitted to DSS.
- I have completed all three (3) pages of this request form.

Student's Signature
(Not Electronic): _____

Date: _____

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