



Request For Disability Support Services

Return this form **along with proper documentation of the disability** to: Kay Morgan, Special Populations and Retention Coordinator

Fax: 706-754-7777

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: _____@my.northgatech.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) _____

Acknowledgement of Documentation Requirements: (See documentation requirements on the back of this form)

- I understand that requests for support services for disabilities that affect learning and/or require a physical alteration require current (within the last **three** years) documentation that verifies the disability, clarifies the areas of learning affected, and states recommended accommodations.
- 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.

Student's Signature: _____

Date: _____

As set forth in the student catalog, North Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). For complaints or information, contact Mike King, VP of Student Affairs (706- 754-7711, Title VI, IX, II), or Kay Morgan, special services contact (706-754-7828, Sec. 504/Title I/ADA) at 1500 HWY 197 N, Clarkesville, GA 30523.

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. 9/14/16

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 (within the last three years) that verifies the disability, clarifies the areas of learning affected, and states the accommodations recommended as appropriate.

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 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 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 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

Criteria for Psychological Disorders

- Be 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

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