



Request For Accessibility 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:
- Email: kay.carroll@northgatech.edu
- Fax: 706-754-7777 (*not recommended*)
- Mail: NGTC Accessibility Services, PO Box 65 Clarkesville, GA 30523

Name: _____ Student ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Term/Year to begin services:

- | | | | | | |
|---------------------------------|--------|---------|---------------------------------------|---------------|--|
| <input type="checkbox"/> Fall | 20____ | Campus: | <input type="checkbox"/> Blairsville | Student Type: | <input type="checkbox"/> New Student |
| <input type="checkbox"/> Spring | 20____ | | <input type="checkbox"/> Clarkesville | | <input type="checkbox"/> Current Student |
| <input type="checkbox"/> Summer | 20____ | | <input type="checkbox"/> Currahee | | |

Disability:

- | | | |
|---|---|---|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Manual/mobility impairment |
| <input type="checkbox"/> Medical Impairment | <input type="checkbox"/> Psychological impairment | <input type="checkbox"/> Learning disorder |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Attention Deficit Disorder | |
| <input type="checkbox"/> Other health impairment (describe) _____ | | |

Referred by:

- | | | |
|---|--|--|
| <input type="checkbox"/> No referral/self-selected | <input type="checkbox"/> High school (<i>list details below</i>) | <input type="checkbox"/> Vocational rehabilitation (<i>list details below</i>) |
| <input type="checkbox"/> Other (describe/list details: _____) | | |

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) _____

As set forth in its student catalog, North Georgia Technical College complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed or religion, national or ethnic origin, sex (including pregnancy, sexual orientation, and gender identity), disability, age, political affiliation or belief, genetic information, veteran or military status, marital status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to manage inquiries regarding the non-discrimination policies: Dr. Vinson Burdette, VP of Student Affairs, Title IX Coordinator, Clegg Center 211, (706) 754-7711, vinson.burdette@northgatech.edu and Kay Carroll, Special Populations and Retention Coordinator (Section 504), Clegg Center 214, (706) 754-7828, kay.carroll@northgatech.edu 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.



Diagnostic/Documentation Requirements for Disabilities

NORTH GEORGIA TECHNICAL COLLEGE

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

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: _____ Date: _____
(not electronic)

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