

# Office of Student Accessibility Services Identification Process

## Steps to Receiving Accommodations

Central Carolina Community College has adapted the following non-discrimination statement to guide its delivery of services to students with disabilities: "No individual shall, by reason of disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which otherwise qualified. The college may make program adjustments in instructional delivery and may provide supplemental services to enable students with disabilities to participate in activities compatible with their condition and interest." The accommodation process is listed below.

1. Students must self-identify to the Office of Student Accessibility Services Office to request accommodations. Submit request prior to each semester or expect delay.
2. The student must provide current medical documentation of the disability for which accommodations are requested. Documentation includes a diagnosis and symptoms, recommendation for accommodations, and a list of all currently-prescribed medications and side effects if not taken as prescribed. Information must be on official letterhead with contact information (not on a prescription memo pad). Please include professional's signature.
3. Once documentation is received, the student meets with the Office of Student Accessibility Services Coordinator to determine appropriate accommodations.
4. Then, the Coordinator will e-mail the Accommodation Plan to the student's instructor(s). Their advisor will also be made aware of items to consider that are taken into consideration for successful academic planning.
5. The student and instructor(s) will meet to discuss, agree to, and sign the Accommodations Plan. Accommodations are not retroactive and begin the day in which the faculty receives the Accommodations Plan. Student Schedule Request form must be completed each semester.

Megan Sherman, Coordinator of Accessibility Services

Central Carolina Community College

**Tel:** 919-718-7416 **Fax:** 919-718-7380 **Email:** [msher365@cccc.edu](mailto:msher365@cccc.edu)

**website:** [www.cccc.edu/ada](http://www.cccc.edu/ada) **Address:** 1105 Kelly Drive, Sanford NC 27332

For Office Hours please reach out to Coordinator directly.

Meetings are available by appointment on each Main Campus Location.

## Office of Student Accessibility Services

### Self-Identification and Impact Statement

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Program of Study (major): \_\_\_\_\_

Term Entering (check one):  Fall  Spring  Summer Year:

Emergency Contact and Phone #: \_\_\_\_\_

Please indicate the documented disabilities (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Emotional (Psychiatric) | <input type="checkbox"/> Speech/Language           |
| <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Visual (Blind/Low Vision) |
| <input type="checkbox"/> Learning                | <input type="checkbox"/> Other Health Issue: _____ |
| <input type="checkbox"/> Mental                  |  |
| <input type="checkbox"/> Orthopedic (Physical)   |  |

List current medications you are prescribed:

---

---

Are you taking them as prescribed?  Yes  No

If your prescription changes, please contact the Office of Student Accessibility Services Coordinator.

How does this disability affect you in an educational setting?

---

---

What accommodations have you used in the past? \_\_\_\_\_

---

---

What accommodations are you requesting at Central Carolina Community College?

Be specific. \_\_\_\_\_

---

---

# Office of Student Accessibility Services Identification Process

## Consent for Release of Confidential Information

I, \_\_\_\_\_, authorize Central Carolina Community College's Office of Student Accessibility Services Office to discuss (1) the nature of my disability, (2) the particulars of my academic progress, and/or (3) other selected, appropriate information that is deemed necessary to implement accommodations that will provide equal access to Central Carolina Community College's services, activities, and programs.

I provide consent for the following: Please initial your choice(s).

	<b>INITIAL</b>
Parent: _____	_____
Central Carolina Faculty and Staff	_____
Agencies (High school, Voc. Rehab.)	_____
Therapist or Doctor	_____
Other: _____	_____

**Agencies or programs** of which you are a client or from which you receive support (e.g., Division of Services for the Blind, Vocational Rehabilitation, Department of Veterans Affairs)

Name of **Agency #1**: \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Name of Contact \_\_\_\_\_

Name of **Agency #2**: \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Name of Contact \_\_\_\_\_

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by the Office of Student Accessibility Services Office of Central Carolina Community College.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office of Student Accessibility Services

### Student Schedule Request Form

This form must be updated and submitted to the Office of Student Accessibility Services prior to each semester of enrollment. Accommodations cannot be provided without this information. If the student's schedule, instructor, or involvement in extracurricular activities change during the semester please notify the Coordinator. For changes to your previous accommodations you will need to speak with the Coordinator in advance. At that point, new medical documentation may be requested. **Remember, you are responsible for meeting with your instructors at the beginning of the semester.** The Coordinator will email you when your plan has been sent to your instructors.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Term (check one):  Fall  Spring  Summer Year: \_\_\_\_\_

Course Prefix	Course Number	Course Section	Instructor's Name
<i>ENG (Example)</i>	<i>111 (Example)</i>	<i>LO1 (Example)</i>	<i>John Smith (Example)</i>

Extracurricular Activities	Group Contact
<i>Basketball/Phi Theta Kappa (Example)</i>	<i>John Smith (Example)</i>

Send accommodation notices to **all** my instructors requesting special accommodations. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like my advisor notified for my accommodations.

**Only** send accommodation notices to the following instructors requesting special accommodations: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office of Student Accessibility Services

### Acknowledgement of Office of Student Accessibility Services Information

I \_\_\_\_\_ hereby acknowledge receipt of the Office of Student Accessibility Services information packet. I understand that the following information was made available to me for the purpose of registering as a Office of Student Accessibility Services student at Central Carolina Community College.

Office of Student Accessibility Services Welcome and Steps to Receiving  
Accommodations (Page 1)

Self-Identification and Impact Statement (Page 2)

Consent for Release of Confidential Information (Page 3)

Student Schedule Request Form (Page 4)

I understand it is my responsibility to read and understand the information in this packet. I also understand that all information and documentation must be complete before accommodations can be granted.

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

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

[Office of Student Accessibility Services Website](#)