



## STUDENTS WITH DISABILITIES ACCOMMODATION FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ PS Number: \_\_\_\_\_ School Year: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Please check your campus location: \_\_\_\_\_ Hazard Campus \_\_\_\_\_ Lees College Campus \_\_\_\_\_ Knott County Branch  
\_\_\_\_\_ Leslie County Center \_\_\_\_\_ Technical Campus

*Students must self-identify that they have a disability with the institution or the institution is not obligated to provide accommodations at any point of time.*

### Procedures:

1. Complete the “Students with Disabilities Accommodation Form” which can be obtained from the Disability Services Office or from our website: [http://www.hazard.kctcs.edu/jy5/Disability\\_Services.asp](http://www.hazard.kctcs.edu/jy5/Disability_Services.asp). Submit this form along with **one** written form of **current** documentation to the Disability Services Coordinator at the beginning of **each** semester. **Current** documentation means that the documentation must be dated **within three years** of enrollment at the community college and should be signed and dated by your doctor or treatment professional. Types of acceptable documentation include:
  - Medical Personnel: Doctor, Psychologist, Psychiatrist, etc.;
  - Vocational Rehabilitation Counselor;
  - Therapist: Occupational, Physical, Speech, etc.;
  - Individual Education Plan (IEP) from high school.
2. Upon the submission of the required documentation to the Disability Services Coordinator, the types of available accommodations will be discussed and an accommodation plan completed. The student is informed that he/she should discuss his/her accommodation request with each instructor during the first week of classes. Once a disability has been verified, the student will not be required to submit additional verification for that disability.
3. Prior to the beginning of each semester, the Disability Services Coordinator will email the instructors with the student’s accommodations request along with the student so that he/she is aware that his/her instructors have been contacted with the accommodation request
4. If necessary, a meeting can be arranged with the student, the instructors, and the Disability Services Coordinator to discuss the requested accommodations and/or any issues that may arise during the semester.

### Types of available accommodations:

- |   |   |
|---|---|
| <input type="checkbox"/> Extended time on exams (time and half to double time)            | <input type="checkbox"/> Extra time on assignments                      |
| <input type="checkbox"/> Tests administered and/or completely orally                      | <input type="checkbox"/> Use of tape recorder in classroom for lectures |
| <input type="checkbox"/> Tests administered in quiet/separate area away from distractions | <input type="checkbox"/> Classroom Accommodation:                       |
| <input type="checkbox"/> Enlargement of printed handouts (Font size requested _____)      | a. Relocation of class due to physical limits                           |
| <input type="checkbox"/> Materials printed in black ink on white paper                    | b. Furniture  |
| <input type="checkbox"/> Interpreter (hearing impaired disability)                        | c. Ability to stand/leave seat as needed                                |
| <input type="checkbox"/> Use of FM Transceiver (hearing impaired disability)              | <input type="checkbox"/> Registration Accommodation:                    |
| <input type="checkbox"/> Note-Taker (solicit a volunteer from class to take notes)        | a. Time   |
| <input type="checkbox"/> Books in Alternative Format: Audio, Large Font, Braille          | b. Location   |
| <input type="checkbox"/> Assignments in Braille   | <input type="checkbox"/> Parking (temporary disability due to injury)   |
| <input type="checkbox"/> Reader (visually impaired disability)                            | <input type="checkbox"/> Tutoring                                       |
| <input type="checkbox"/> Scribe   | <input type="checkbox"/> Flexibility in Attendance Policy               |
| <input type="checkbox"/> Use of calculator (documentation must show this need)            |   |

Student: \_\_\_\_\_ Disability Services Coordinator: \_\_\_\_\_

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