



Accommodations Request Process

Sources of information used for determining a disability and accommodations may include a student's self-report and documentation from qualified evaluators or professionals. **The process to obtain accommodations must be completed by the student with the disability only.**

Student's Self-Report

The student with a disability should make an appointment with the Disability Services Coordinator prior to the start of the semester. The appointment can be scheduled in person, over the phone, or by email. The student may also coordinate a scheduled disability appointment through their Dedicated Advisor or Recruiter/Advisor that is located at each of our CBC locations.

Narrative Essay

Upon self-reporting, students should complete an accommodations request form which provides students an opportunity to describe their disability, strengths and weaknesses, and accommodations they are hoping to receive. Students may supplement the application for accommodations with a narrative essay that further describes his or her experience with: their specific disability, the barriers that they've faced, effective or ineffective accommodations that they've received, and services that they are requesting. **Students who supplement the application with a narrative essay are still responsible** for submitting a signed and completed **Student Responsibilities** and **Consent to Exchange Confidential Information Form**.

Information from External or Third Parties

Common sources of external documentation come from health care providers, psychologists, diagnosticians, and/or information from a previous school (e.g., accommodation agreements/letters, 504, IEP, SOP, teacher observations or ARD documents).

Suggested Documentation Elements:

1. Typed on letterhead, dated, and signed by a qualified professional.
2. Diagnostic Statement with any related diagnostic methodology (diagnostic criteria and/or procedures).
3. Functional impact or symptoms. (Impacts inform which accommodations are appropriate.)
4. Severity and/or expected progression.
5. Current medication(s) and any related side-effects.
6. Current and/or past accommodations.
7. Any recommended accommodations.

Accommodation Letter

After accommodations have been discussed and approved, the student will be provided with an accommodation letter. It is **the student's responsibility to deliver the letter** in a timely manner to the instructor of each course where accommodations are needed. Students shall provide their letter of accommodations to their instructor through email or in-person. **(Accommodations do not begin until the instructor has received the letter of approved services.)** Students are also responsible for meeting and/or discussing their accommodations with their instructor(s) so that reasonable arrangements are made to ensure that they are receiving their accommodations. This may include reminding their instructor a few days prior to each of their exams of their testing accommodations.

Accommodation Decisions

At the postsecondary level, students are solely responsible for deciding which accommodations are needed for their course of study. Parents may attend meetings with the student and the Disability Service Coordinator at the student's discretion.



Renewing Accommodations

Students who would like accommodations for the following semester, must contact the Office of Disability Services and submit an [Accommodations Renewal Form](#). After receiving the form, the Office of Disability Services will get in contact with the student. If no changes in accommodations are needed, the Office of Disability Services will provide the letter of accommodation to the student in-person or through e-mail.

Submitting Documentation

All disability related documentation for new and returning students may be submitted through standard mail, email, fax, or in-person at one of our CBC locations.

Email: Disability@CoastalBend.edu Fax: (361) 354-2727

In-Person or Standard Mail

<u>Alice Site</u>	<u>Kingsville Site</u>	<u>Beeville Campus</u>	<u>Pleasanton Site</u>
Addison Smithwick Recruiter/Advisor Attn: Disability Services 704 Coyote Trail Alice, TX, 78332 (361) 664-2981 Ext. 3025 dsmithwick@coastalbend.edu	Steffanie Wysack Recruiter/Advisor Attn: Disability Services 1814 Brahma Blvd. Kingsville, TX, 78363 (361) 592-1615 Ext. 4076 swysack@coastalbend.edu	Miguel Aguilar Disability Services Coordinator Disability Services Office R.W. Dirks Student Services, V-141 3800 Charco Rd. Beeville, TX 78102 (361) 354-2728 MAguilar@coastalbend.edu	Rosalinda Perez Recruiter/Advisor Attn: Disability Services 1411 Bensdale Rd. Pleasanton, TX, 78064 (830) 569-4222 Ex. 1225 rperez@coastalbend.edu

Office Hours per CBC Location

The Office of Disability Services is dedicated to servicing students with disabilities equally throughout our locations. To better service our students, the Office of Disability Services has comprised a schedule with the best available days and times on when they will be at a location near you. **Walk-ins are welcomed.** If you are unable to meet with the Disability Services Coordinator at one of the stated days and times, contact the Office of Disability Services to schedule an appointment. Students may also coordinate a scheduled disability appointment through their Dedicated Advisor or Recruiter/Advisor that is located at each of our CBC locations.

<u>Alice Site</u>	<u>Kingsville Site</u>	<u>Beeville Campus</u>	<u>Pleasanton Site</u>
Days: 1 st & 3 rd Monday of every month Hours: 9:00 a.m.- 3:00pm Office:165	Days: 2 nd & 4 th Wednesday of every month Hours: 9:00 a.m.-3:00pm Office: 100-B	Days: Please contact the Disability Services Coordinator. Hours: 8:00 a.m. - 5:00 p.m. Office: V-141, Student Success Center, R.W. Dirks Student Services	Days: 1 st & 3 rd Tuesday of every month Hours: 9:00 a.m.-3:00pm Office:156



Accommodations Request Form

The Office of Disability Services arranges academic accommodations for eligible students with disabilities. Such accommodations may include the use of a note taker, course materials in alternative formats, testing accommodations or a distraction-reduced environment. Students seeking academic accommodations will first need to fill out this form or submit a narrative essay and schedule an appointment with the Disability Services Coordinator.

Semester Attending _____ Date: _____

Contact Information:			
Campus Location(s): ___ Alice ___ Beeville ___ Kingsville ___ Pleasanton ___ Online			
_____ Student Name		_____ CBC ID#	_____ Date of Birth
_____ Student Phone Number		_____ Student Email Address	
_____ Mailing Address	_____ City	_____ State	_____ Zip Code
Emergency Contact Information			
_____ Name	_____ Number		_____ Relationship

Disability Information: (Check all that apply)	
Affiliation(s):	
<input type="checkbox"/> DARS-Vocational/Rehab Services <input type="checkbox"/> DARS-Division Blind Services	
<input type="checkbox"/> Deaf and Hard of Hearing Center <input type="checkbox"/> U.S. Department of Veteran Affairs	
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Psychological
<input type="checkbox"/> Speech	<input type="checkbox"/> Autism Spectrum
Other Disability: _____	



What is your classification? (Check One)

ECHS Student Dual Enrollment Student First-Time Freshman Sophomore

When was your disability or disabilities diagnosed?

How does your disability impact your educational experience? (Check all that apply)

Test Taking Class Environment Assignment Deadlines

Physical Access Housing Extracurricular Activities

What accommodations are you requesting?

Did you or are you currently receiving accommodations through a Special Education /504/IEP/ARD program in K-12? Yes No

Please describe any services that you have received at any other college/ university?

Are you requesting Assistive Technology (alternative text books, assistive listening devices, etc.)? What Assistive Technology did you use in the past?

Do you have concerns about presenting your accommodations to your professors? (Required)

Yes No

Do you need assistance speaking with faculty about your accommodations? (Required)

Yes No

Who referred you to the Office of Disability Services?

Acknowledgement Statement

I, _____, **(Student Name)** (print) certify that all information that I have provided is true and correct to the best of my knowledge. I understand that intentionally providing false information may affect my eligibility for accommodations and may also result in disciplinary action by the appropriate conduct office of Coastal Bend College.

Student Signature

Date



Student Responsibilities

1. To self-identify his or her disability with the Office of Disability Services.
2. File your request for accommodations and submit your documentation in a timely manner.
3. Providing a copy of your accommodation's letter to each of your instructor's where accommodations are needed each semester.
4. Discuss your approved accommodations with your instructors. This may include reminding them a few days before an exam of the agreed arrangement that you made for your testing accommodations.
5. If you are utilizing the testing center for accommodations, students are responsible for scheduling a testing appointment with the Testing Department two business days in advance prior to each exam.
6. If at any time, **you are not receiving your approved accommodations, it is your responsibility** to notify the Disability Services Coordinator as soon as possible.
7. Filling out the required accommodation renewal form each semester and submit it to the Office of Disability Services to continue to receive academic accommodations.
8. Notify the Disability Services Office when there are changes to your class schedule which include: dropping classes for the semester.

Acknowledgement Statement

By signing below, you acknowledge that you have read and will follow the stated student responsibilities.

Student Name (Print)

Date

Student Signature

Coastal Bend College does not discriminate on the basis of race, color religion, gender, national origin, age or disability in the recruitment and admission of students; the availability of grants and scholarships. No qualified disabled person shall, on the basis of being disabled, be subjected to discrimination in education, training, or employment. Inquiries or complaints concerning these matters should be brought to the attention of: Executive Dean of Student Services.



Consent to Exchange Confidential Information

Consent to Request Information

I, _____, give consent to the Coastal Bend College Office of Disability Services, to request medical and/or psychological evaluations related to my disability from state, federal, and medical agencies.
Student Name (Print)

Provider Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorization to Disclose Academic Information

I, _____, give permission to Coastal Bend College to share academic information (including mid-term grades) with state/federal agencies as needed.
Student Name (Print)

Authorization to Disclose Disability

I, _____, authorize the Office of Disability Services to disclose the nature of my disability (including actual diagnosis only on an as need basis) to faculty, staff, and/or upper administration.
Student Name (Print)

Student Rights

I understand that I may revoke consent at any time and that this revocation must be delivered to the Office of Disability Services in writing during standard business hours. **If I decide to not revoke my authorization, my authorization for disclosure will expire one (1) year from today.** I further understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for legal, judicial, and safety purposes. I also understand that my disability documentation will be kept on file for five years and that I should keep a copy of any records pertaining to my disability.

Student Name (Print) CBC ID# Date of Birth

Student Signature Date

Disability Services Coordinator Date