Coastal Bend College
Accommodations Request Process-New Students

The student services office provides support for students with disabilities in order to remove obstacles to education in the classroom and promote maximum academic potential and self-sufficiency. The special needs coordinator assesses each student’s needs to determine appropriate accommodations and services. To received academic accommodations please follow the steps below.

1. Fill out and submit the Accommodations Request Form available online or at your nearest CBC location along with your class schedule.

2. Submit appropriate medical documentation from a licensed professional such as: medical doctor, psychologist, psychiatrist, etc.
   **Individualized Education Plan (IEPs), 504 plans, and Summary of Performance (SOPs) provide information about the student’s educational and accommodation history. Some of the information may be irrelevant in the postsecondary context therefore, additional documentation may be required. All documentation submitted must be no more than five years old.
   **Medical documentation must:
   • Provide information regarding the student’s specific disability
   • Describe functional limitations (In an educational setting.)
   • Describe specific accommodations
   • Establish the evaluator’s credentials (License, Specialization, etc.)
   • Be written on official letterhead and signed

3. The review for accommodations may take up to two weeks. Please plan accordingly and provide all the required documentation to prevent delay in the evaluation process. If additional documentation is needed, you will be contacted by phone, email and/or U.S. Mail.

4. If you are approved to receive academic accommodations, you will be contacted by the Disability Services Office. You will be asked to schedule an appointment with a Disability Coordinator to discuss accommodations needed.

5. After academic accommodations have been discussed and approved, a letter to your instructor will be sent notifying them of your approved services for the semester. It is your responsibility as a student, to discuss all accommodations needed with the instructor and testing center after receiving initial approval for academic services from Disability Services Office.

If you have any questions or concerns, please contact the special needs coordinator.

(361) 354-2838, ext. 2728-Beeville Campus Miguel Aguilar- Special Needs Coordinator
(361) 664-2981, ext. 3025-Alice Site Dr. Cynthia Alvarado- Student Development Specialist
(361) 592-1615, ext. 4077-Kingsville Site Amanda Barrera- Student Development Specialist
(830) 569-4222, ext. 1203-Pleasanton Site Brittney Kroll- Student Development Specialist

***It is your responsibility as a student to apply for academic accommodations as needed each semester.

Student’s signature: ___________________________ Date: ___________________________

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: Dean of Student Services.
Academic Accommodations Request Form

Semester Attending: _________________________________ Today’s Date: _______________________
(fall, spring, summer) (Year)

Name: __________________________________________ CBC ID# ____________________________

Address:______________________________________________________________________________
Street Address  City  State  Zip

Phone: __________________________ Email: ________________________________________________

Date of Birth:___________________________ Gender (Please Check One): _____ Male  _____ Female

CBC Location (Please Check One):_______ Alice ______ Beeville _____ Kingsville _____ Pleasanton

Career Goal/Major:_____________________________________________________________________
(Please Check One)

_____ High School Graduate/GED  _____ Dual Enrollment Student  ____ Other:____________________

Are you receiving services from the following agencies?
( ) DARS ________________ ( ) Veterans Administration ( ) Other ____________________________

Agency Contact: _____________________________ Phone: ____________________________________

What is your disability? _________________________________________________________________

What accommodations are you requesting?

_____ extended test time  _____ oral testing  _____ special seating

_____ permission to tape lectures  _____ note taker  _____ tutor

_____ Reader for exam  _____ tape recorder  _____ counseling

_____ special equipment/specify: __________________________________________________________

_____ other/specify: ___________________________________________________________________

Student’s Signature: __________________________ Date: _________________________________

Disability Services: __________________________ Date Received: ____________________________

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Coastal Bend College
Consent for Exchange of Confidential Information

Name of student: ____________________________________________________________

Date of birth: ______________________ CBC ID #: ________________________________

Career Goal or Major: __________________________________________________________

I, ___________________________________________, authorize Coastal Bend College to release any medical and/or academic information in my file to faculty, staff or state/federal agencies as needed.

I, ___________________________________________, give consent to the Coastal Bend College Special Needs Coordinator permission to request medical and/or psychological evaluations related to my disability from state, federal, and medical agencies.

This consent of exchange of information may be revoked by me at anytime through a written request delivered to the Special Needs Coordinator; however, such revocation will not affect action already taken as a result of this consent.

Student’s Signature: ___________________________ Date: ______________________

Disability Services: ___________________________ Date Received: ________________

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Coastal Bend College
Classroom Accommodations Request Form

Student: ______________________________________ Date: ______________________________

Instructor: ___________________________ Class: __________________________

Valid for Semester: _________________________ CBC I.D. # ______________________________

Federal law requires that instructors/academic divisions make reasonable adjustments to accommodate the needs of students with disabilities where such adjustments are necessary for access to education.

The above named student, who will be in your class for the upcoming semester, receives services through the Student Services Office because of a disability. The student has provided evidence of a disability as covered by the federal law (Section 504 of the 1973 Rehabilitation Act as amended), specifically: ________________________________________________________________.

It is the student's responsibility to contact you to discuss disability-related needs in detail.

The following classroom accommodations will be appropriate for the student, and we would like to work with you to arrange the accommodations.

Please call if you have questions or comments at (361) 354-2838, ext. 2728 -Beevile
(361) 664-2981, ext. 3025-Alice
(361) 592-1615, ext. 4077-Kingsville
(361) 569-4222, ext. 1203-Pleasanton

_____ NOTE TAKER
_____SPECIAL TESTING ARRANGEMENTS AS AGREED BETWEEN INSTRUCTOR AND STUDENT:

_____ Extended test time
_____ Other

_____SPECIAL SEATING ARRANGEMENTS:

_____ A seat in the front of the class.
_____ Space for a wheelchair.
_____ Chair and table in lieu of desk.

_____ TAPE RECORDINGS OF LECTURES - the student will be using a tape recorder in class.

_____ OTHER

____________________________________________

Student's Signature: __________________________ Date: ______________________________

Disability Services: ______________________________ Date Received: _____________________

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