Accommodations Request Process-New Students

The Disability Services Office provides support for students with disabilities in order to remove obstacles 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 receive academic accommodations please follow the steps below.

1. Fill out and submit the Accommodations Request Form to the nearest CBC location or through email Disability@CoastalBend.edu

2. Submit appropriate medical documentation from a licensed professional such as: medical doctor, psychologist, psychiatrist, etc.

High School Documentation
**Individualized Education Plan (IEPs), 504 plans, Admission, Review & Dismissal (ARD's) and Summary of Performance (SOPs) provide information about the student’s educational and accommodation history. Some of the information may be irrelevant in the post-secondary context therefore, additional documentation may be required.

**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.)

***All Documentation must be not more than five years old. ***

3. You will be asked to schedule an appointment with the Special Needs Coordinator to discuss accommodations needed.

4. After academic accommodations have been discussed, a letter will be given to the student and instructor with the approved services for the semester.

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

Miguel Aguilar, M.S.
3800 Charco Road
Beeville, Texas 78102
(361) 354-2728
Disability@CoastalBend.edu

*** It is your responsibility as a student to renew your academic accommodations as needed each semester with Disability Services Office. ***
Student Responsibilities

Students receiving academic accommodations are responsible for:

1. Submitting the accommodations approval letter from the Disability Services Office to each of their instructors at the beginning of each semester.

2. Discussing their accommodations with their instructor before the beginning of the semester or as soon as approval has been made by the Disability Services Office that include but not limited to:
   - **Testing Accommodations** (Extended Test Time, Oral Testing, etc.)
   - **Classroom Accommodations** (Note Taker, Tape Recorder for Lectures, etc.)

3. **Notifying the Disability Services Office** if they are not receiving their accommodations as soon as possible and not at the closing of the semester.

4. Filling out the required renewal form each semester to continue to receive academic accommodations.

5. Utilizing tutoring resources as needed with the Tutoring Center.

**Acknowledgement Statement**

If at any time, you are not receiving your approved accommodations, it is your responsibility to notify the Special Needs Coordinator as soon as possible.

By signing below, you are acknowledging that you aware of your student responsibilities.

Student Signature: ___________________________________________ Date: ___________________________________________

Special Needs Coordinator: ____________________________________ 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.
Accommodations Request-New Students

Semester Attending: ___________________________ 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: ________________________________________________________________

Educational Background: (Please Check One)

   _____ High School Graduate/GED _____ Dual Enrollment _____ Early College HS Student

If Dual Enrollment or ECHS Student: (Please provide)

   HS Name: ___________________________ Counselor Name: ___________________________

   Phone: ___________________________ Email: ___________________________

Are you receiving services from the following agencies?

( ) DARS ____________________ ( ) Veterans Administration ( ) Other ___________________________

Agency Contact: ___________________________ Phone: ___________________________

   Email: ___________________________

What is your disability? ____________________________________________________________

What accommodations are you requesting?

   _____ extended test time   _____ oral testing   _____ special seating

   _____ permission to tape lectures   _____ note taker

   _____ special equipment/specify: ____________________________________________________

   _____ other/specify: ______________________________________________________________

Student’s Signature: ___________________________ Date: ___________________________

Disability Services: ___________________________ Date Received: ___________________________

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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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Student Script: Discussing Accommodations with Instructors

**Directions**
Read through the completed script out loud. Next, practice saying the script without reading. Finally, practice with a friend or parent. Now you are ready to talk with your professors!

**Approaching your Instructor**
It’s important to talk to your instructor as soon as you have your accommodations approved by Disability Services. If possible, talk to them no later than the first week of class.

You can take one of the following approaches:
1. Ask your professor right after class if he/she could set up an appointment with you.
2. E-mail your professor to set up the appointment.
3. Go to your professor during their posted office hours (usually listed on the syllabus).

**Introduction**
“Hi Instructor ____________________ , my name is __________________ and I’m in your __________________________________ class. Thank you for meeting with me today.”

**Accommodation letter**
“I want to give you my accommodation letter, which explains the accommodations that I will need for your class. I am strong in ____________________ (fill in with one or two academic skills or abilities that come easy for you) but the accommodations really help me to ____________________ (Identify one of your learning challenges).

As you can see by my letter, I’m a registered student with a disability. I have been approved for the following accommodations by the Disability Services Office for your class”:
1. ________________________________
2. ________________________________

Remember to discuss with your instructor any specifics about how to work with the accommodations in his or her class. For example, some instructors may want reminders from you about your accommodation needs one week before a test, or if you need a note taker, determine how you will get the notes after each class (handwritten, by e-mail electronically or printed out at the next class).

**Closing**
“Thank you for meeting with me and working with me to provide my accommodations. I am looking forward to your course.”

**Possible scenarios**
1. If your instructor asks you what your disability is, it is your choice on the amount of information you wish to share. If you do not want to state your specific disability, one option is to describe some of your learning challenges and how the accommodations will help. For example, you might say “I will need extended time on tests because it takes me longer to read the information and process it.”

2. Your instructor may believe he/she cannot provide the accommodations on your letter. It’s important that the disability support services office is notified that the instructor is unclear about providing your accommodations. One option is to explain to the instructor that these are the accommodations that are approved by the college and if additional information is needed, they may contact the Disability Coordinator at MAguilar@Coastalbend.edu or (361) 354-2728.