Documentation Guidelines

Sources of information used for determining a disability and/or accommodations may include a student’s self-report, direct observation and interaction with the student, and/or documentation from qualified evaluators or professionals. To receive academic accommodations students with disabilities 1) must self-identify with the Office of Disability Services 2) must present appropriate, comprehensive and current documentation regarding their stated disabilities. Once a student has met these requirements, reasonable accommodations are determined on a case-by-case basis by the Disability Service Office in consultation with the student.

Student’s Self-report
Upon self-reporting, students should complete an application for services and submit 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.

Documentation
Disability related documentation should provide information on the functional impact of the disability so that effective accommodations can be identified. Documentation may include assessments, reports, and/or letters from qualified evaluators, professionals, or institutions. Common sources of documentation are health care providers, psychologists, diagnosticians, and/or information from a previous school (e.g., accommodation agreements/letters, 504, IEP, 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.

Coastal Bend College reserves the right to determine the appropriateness of submitted documentation and requests for accommodation(s) on a case-by-case basis. Additional information may be requested to determine eligibility for services. Generally, an Individualized Education Plan, 504 Plan, or General Education Initiative from a secondary school does not provide thorough information for the documentation of disability and needed accommodations in the post-secondary setting.

Submit Documentation In-Person, Mail, or Email: Disability@CoastalBend.edu

In-Person or Mail

<table>
<thead>
<tr>
<th>Alice Site</th>
<th>Kingsville Site</th>
<th>Beeville Campus</th>
<th>Pleasanton Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attn: Student Services</td>
<td>Attn: Student Services</td>
<td>Attn: Student Services</td>
<td>Attn: Student Services</td>
</tr>
<tr>
<td>704 Coyote Trail</td>
<td>1814 Brahma Blvd.</td>
<td>R.W. Dirks Student Services Office</td>
<td>1411 Bensdale Rd.</td>
</tr>
<tr>
<td>Alice, TX, 78332</td>
<td>Kingsville, TX, 78363</td>
<td>3800 Charco Rd.</td>
<td>Pleasanton, TX, 78064</td>
</tr>
</tbody>
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Student Responsibilities

Students receiving academic accommodations are responsible for:

1. Providing a copy of your accommodation’s letter to each of your instructor’s once approved for accommodations.

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. **Notify the Disability Services Office when there are changes to your class schedule which include: dropping classes for the semester.**

6. 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 Disability Services Coordinator as soon as possible.

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

Student Signature: ___________________________ Date: ___________________________

Disability Services 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 Form

Semester Attending: ___________________________ Date: ___________________________

Name:_____________________________________________ CBC ID#________________________

Phone: _______________________________ Email:_____________________________________

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

If Dual Enrollment or ECHS Student:

HS Name: ________________________________ Counselor Name: __________________________

Phone: ____________________________ Email:_____________________________

Please indicate if you are a:

☐ DARS Participant ☐ Veteran/Active Duty Military/ Reserve ☐ NJCAA Student Athlete

Contact ______________________________________ Phone: _______________________________

Email: ___________________________________________

Disability Information:

What is your disability or disabilities? ______________________________________________________
____________________________________________________________________________________

How does your disability impact you as a student? ___________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List any current medications and related side effects:
____________________________________________________________________________________
____________________________________________________________________________________

Potential Accommodations:

What accommodations/services are you requesting? _________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What accommodations/services have you used in the past? ___________________________________

Are you requesting housing accommodations? ____ Yes ____ No (Beeville Dorm/Apartment Students)

If yes, describe your housing accommodation request: _________________________________________
____________________________________________________________________________________
Consent to Release Information

Please read each statement and initial each box below to indicate that you authorize the Office of Disability Services of Coastal Bend College to make arrangements for your accommodations.

Consent to Release Medical Information

☐ I authorize the Office of Disability Services to exchange information with any/all medical providers or state agencies in order to obtain and release information (written or verbal) regarding my disability and its impact on major life activities, particularly those which are academic in nature in order to provide appropriate accommodations for me.

Medical Provider Information:

Name: _________________________________________ Phone: ____________________________
Name: _________________________________________ Phone: ____________________________

Authorization to Disclose Academic Information with State Agencies

☐ I am a client of Department of Assistive and Rehabilitative Services/Texas Commission for the Blind. I give permission for Coastal Bend College to share academic information (including mid-term grades) with DARS/TCB to be used for intervention purposes.

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:

☐ My Current Instructors ☐ Upper Administration ☐ Other: __________________

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.

Student Signature ___________________________ Date ______________