

SAVANNAH TECHNICAL COLLEGE OFFICE OF SPECIAL POPULATIONS INTAKE PACKET

Date: _____

Name: _____ ID #: _____

Address: _____

_____ Zip: _____ County: _____

Phone: _____ Email: _____

Employer: _____

Emergency Contact: _____

Family info: _____

Medical Information

Disability: _____

Onset (date): _____

Physician Name & Address: _____

Current Medications: _____

Academic Information

Enrollment date: _____

Program of Study: _____

Campus: _____ Advisor: _____

Voc rehab counselor: _____

Savannah Technical College Student Request for Disability Support

Name _____ Student ID # _____

BANNER codes for disability (circle all that apply):

- H1** Mental Disability (Low IQ below 70)
- H2** Hard of Hearing
- H3** Deaf
- H4** Speech Impaired
- H5** Visually Impaired or Blind
- H6** Seriously Emotionally Disturbed (Schizophrenia, PTSS, Depression)
- H7** Orthopedically Impaired (Individuals have limited ability in self-mobility)
- H8** Other Health Impaired (Brain Injury, ADD/ADHD, Diabetes, Heart Disease)
- H9** Deaf- Blindness
- HA** Other Multi Handicapped (those with more than one disability where at least one of the disabilities does not fit one of these categories)
- HB** Specific Learning Disability (Dyslexia)
- HC** ADHD/ADD
- HD** Autism
- HE** Traumatic Brain Injury

CONFIDENTIAL DISCLOSURE STATEMENT

I, _____, hereby authorize Savannah Technical College to obtain documentation of the stated disability(s) and to contact and discuss this information with necessary Savannah Technical College faculty/staff and other applicable support agencies. I understand that the purpose of communicating any such information is to allow the college to plan for any accommodations and adjustments, which may be necessary in order to provide an equal educational opportunity.

I have been advised to meet with the Special Populations Coordinator each quarter to determine accommodations. I understand that it is my responsibility to notify my instructors of the accommodations and provide them with documentation from disability services. I have read and been provided a copy of the Disability Services Student Responsibilities form. I hereby certify that I am 18 years of age or older.

Furthermore, I authorize Savannah Technical College to discuss or release test scores, grades, and any other documentation to:

_____ and/or _____

This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made. This authorization expires without express revocation 5 years from the date, which appears below.

STUDENT SIGNATURE _____ **DATE** _____

SPECIAL POPULATIONS COORDINATOR _____ **DATE** _____

Savannah Technical College Disability Services Student Responsibilities

- I understand I will not be eligible to receive services until I provide current documentation of my disability that has been issued within the last 3 years.
- Note: Certification of a disability will be requested only once, unless the disability is determined temporary or the disability diagnoses changes. Classroom accommodations are based on the documentation you provide.
- It is your responsibility to keep the Special Populations Coordinator informed of your progress and to notify him/her if you add/drop a class or need additional help.
- I understand that it will be my responsibility to bring the Special Populations Coordinator a copy of my schedule **each semester** to request services. I can request accommodation letters anytime after registering for classes.
- I understand that a copy of the accommodations(s) deemed appropriate will be retained in my file while I am a student at Savannah Technical College.
- I understand that my accommodations are determined on a **semester basis** and may change each semester. Although instructors are notified of my accommodations by email, it is my responsibility to provide instructors with accommodation letters at the beginning of the semester to ensure my accommodations can be met in a timely manner.
- I understand that it is my responsibility to remain updated on the policies and procedures of disability services.
- I understand that it is my responsibility to contact my instructors if I am unable to attend class due to a medical need or emergency. Disability services is unable to override class policies regarding attendance. Disabled students are required to adhere to the same attendance and make-up policy as all other students.
- It is my responsibility to keep all organizations assisting me updated. (Voc Rehab, VA, etc).
- I understand that it is my responsibility to use the testing center during open hours and communicate with instructors concerning test drop off and pickup.
- I understand that extended time does not mean unlimited time. Once testing has begun, I am expected to complete the test. Excessive or long bathroom breaks are not acceptable.

Students with disabilities have the responsibility to:

- Meet the qualifications and essential technical, academic, and institutional standards of Savannah Technical College.
- Identify themselves in a timely manner as an individual with a disability when seeking an accommodation.

- Provide the Special Populations Coordinator documentation from an appropriate source that verifies the nature of the disability, functional limitations, and the need for specific accommodations.
- Follow the procedures for obtaining reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids.
- Use accommodations appropriately.
- Follow the code of conduct set forth by Savannah Technical College.

Students with disabilities have the right to:

- Equal access to courses, programs, services, jobs, activities, and facilities available through Savannah Technical College.
- Reasonable, appropriate, and effective accommodations, academic adjustments, and/or auxiliary aids determined on an individual basis.
- Appropriate confidentiality of all information pertaining to his/her disability with the choice of whom to disclose their disability to except as bylaw.

I have read and understand my responsibilities as a student receiving disability services at Savannah Technical College.

Signed _____

Date _____

Student's Copy

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Office of Special Populations/Disability Services
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