



APPLICATION FOR DISABILITY SUPPORT SERVICES

Welcome to Panola College.

To ensure that appropriate accommodations can be offered, please provide the following information **30 days before the beginning of the semester.**

Demographic and General Information

Student Name: _____
Last First Middle

SS# _____ - _____ - _____ Panola Student ID# _____

Application Date ____/____/____ Enrollment Semester _____

Intended Major _____

Primary Phone # _____ Alt. Phone# _____

Mailing Address _____
Street/PO Box City State

Physical Address _____
Street City State

Prior School/College/Universities attended within last 5 years with accommodations:

_____ Dates attended _____

_____ Dates attended _____

_____ Dates attended _____

Disability Support Services Accommodation Request Information

List or describe the type of disability or disabilities requiring accommodations:

Please give a description of how your disability or disabilities impact you as a student.

Medical and/or Diagnostic Contact(s) Information:

Provider #1

Name _____ Phone # _____

Mailing address _____
Street/PO Box _____ City _____ State _____

Provider #2

Name _____ Phone# _____

Mailing address _____
Street/PO Box _____ City _____ State _____

Please include medical/diagnostic evaluation report(s) with this application that provide(s) evidence of your disability and its limitations to your mobility or academic performance. These evaluation reports must have been completed within the **last five years**.

Additional Information

Emergency Health Information:

Please list below any medications you are currently taking under a physician's orders which could involve an emergency health situation (i.e., medications without which you cannot function effectively, etc.)

Rehabilitation Services Information

Have you received assistance from any outside agency such as Texas Workforce Solutions-Vocational Rehabilitation Solutions TWS-VRS (formally DARS) or any other rehabilitation agency? **Yes** **No**

If yes, please list the following information:

Agency _____
Name _____ Address _____ City _____ State _____

Contact person _____

Phone number _____

Financial Aid Information:

Our staff works with students receiving financial aid who are required to take a full academic load but who need to be enrolled only part time due to a disabling condition.

Please indicate whether or not you are a financial aid recipient or applicant through the Panola College Financial Aid Office. **Yes** **No**

Specific Disability Support Services Accommodation Request Checklist

Note: If you wish instructors to provide accommodations for your disability needs, you must complete this form. Proof of a disability warranting the accommodation requested must be on file with the Career and Technical Advisor.

A checklist of appropriate accommodations will be provided to you. You will need to present this information to your instructors **before the beginning of each semester** at which time you will discuss your academic needs. However, if you would prefer that the Disability Support Services Office facilitate a meeting between you and your instructors to discuss your academic needs, this can be arranged. Copies will be available from the Student Support Services Office. Instructors will be requested to treat **all information regarding your disability as confidential.**

Please indicate below the accommodations which you feel will be appropriate.

- A copy of class notes. (NCR Carbonless paper can be provided for classmate use. The student may request help in making an anonymous appeal for a volunteer willing to share a copy of his/her notes.)
 - A course syllabus and/or test schedule.
 - Sign language interpreter who will either need to sit next to or immediately in front of the student.
 - Seat near the front for lip-reading. (Student must be able to see professor's face at all times.)
 - Additional time on work being done in class and on tests. (Unless speed is the factor being tested, granting up to time and a half allowed to other students is considered a "reasonable accommodation" for those whose manual or coding/decoding functioning is impaired.)
 - Test reader or scribe.
 - Special test location to provide quiet non-distractive environment.
 - Assistive device(s): _____
 - Special seating: 1) seat near the door; 2) wheelchair access; 3) other _____
 - Assistance with lab work, etc.
- Other: _____

Understanding and Acknowledgment of Requested Disability

- I have read and understand the information on the accommodations request form.
- I understand that submitting this application does not guarantee a specific type of support service(s).
- I understand that I must meet with Panola College Disability Support Services before each semester of my enrollment to request Support Service Accommodations.
- I will or have provided the appropriate documentation of my disability in order to receive an accommodation.
- I agree to comply with the Panola College Catalog and Pathfinder-Student Handbook, and the Panola College Disability Support Services Handbook.
- I certify that the information I have provided is accurate and true and may be shared with the appropriate faculty/staff.
- I understand that all records are kept confidential.
- I understand that all of my records with the Panola College Disability Support Services are kept for **5 years** after last activity.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if recipient is under age 18)