I. Manual Introduction

The policies and procedures in this manual have been compiled to assist students in receiving academic accommodations and support services appropriate for their disability. This policy and procedure manual is designed to cover the major services provided to students with disabilities, but is not an all-inclusive document and is subject to change. Students unsure of the appropriate procedure to follow and/or with a situation not covered by this manual should contact the Office of Disability Services for clarification and guidance.

II. Mission Statement

The Office of Disability Services, a unit of Student Success, is committed to ensuring equal access to learning opportunities for all qualified students with disabilities. The Office of Disability Services is responsible for coordinating services that will empower students with disabilities to develop and optimize their maximum potential at South Georgia State College.

The Office of Disability Services provides assistance in accordance with Section 504 of the 1973 Rehabilitation Act, the Americans with Disabilities Act, and the policies of the Board of Regents of the University System of Georgia.

III. Program Accessibility

Assurance of equal educational opportunity rests upon legal foundations established by federal law, specifically the Rehabilitation Act of 1973 including Section 504, and the Americans with Disabilities Act of 1990. By federal law, a person with a disability is any person who: 1) has a physical or mental impairment; 2) has a record of such impairment; or 3) is regarded as having such an impairment which substantially limits one or more major life activities such as self-care, walking, seeing, hearing, speaking, breathing, or learning.

The Office of Disability Services (ODS) at South Georgia State College is administered through:

- **Douglas Campus**  
  Student Success, Powell Hall - Room 118, 912.260.4435

- **Waycross Campus**  
  Student Success, Dye Building - Room 130, 912.449.7593

- **Valdosta Site**  
  SGC Entry Program, Entrance #9 of the University Center, 229.293.6135

- **Americus Site**  
  SGC Entry Program, Collum Hall, Room 208, 229.931.5141
IV. Procedures for Receiving Services

Student Responsibilities:

A. Contact ODS to obtain appropriate paperwork to register with ODS. (Students must self-identify as an individual with a disability when seeking a reasonable accommodation.)

B. Complete ODS Intake Forms. (See Appendix A for example.)

C. Provide ODS appropriate documentation that includes a statement of diagnosis and suggested accommodations to validate request for academic accommodations. Documentation must be current and provided by a qualified health professional such as physician, audiologist, psychologist, psychiatrist, or neuropsychologist. In most situations, documentation should be within 3 years of the student’s application for services.

D. Meet with your ODS coordinator to request reasonable accommodations.

E. Follow all time deadlines and procedures necessary to receive your specific accommodations.

F. Contact your ODS coordinator prior to the beginning of each semester in order to discuss any necessary changes in your accommodations and receive your accommodation letters for each instructor.

G. Present the accommodation letter to the instructor each semester in a timely manner. Students are strongly encouraged to obtain the accommodation letters and present them to their instructors within the first week of each semester.

H. Contact your ODS coordinator immediately should you encounter any difficulty or concern regarding your accommodations.

I. Abide by South Georgia State College's standards and guidelines for behavior in the SGSC Student Handbook.

J. Meet the College’s qualifications and essential technical, academic, and institutional standards.

Note: Noncompliance on the part of the student with the procedures stated herein may result in delays in or denial of the provision of accommodations.

ODS Responsibilities:

A. Review the student's documentation and meet with the student as necessary to determine eligibility for receiving reasonable accommodations.

B. Present student’s documentation to the Regent’s Center for Learning Disabilities in a timely manner if their review and recommendations are appropriate.

C. Meet with assigned student to discuss the approved accommodations and the procedures necessary to obtain them.

D. Prepare paperwork (such as 'Accommodation Letters") as necessary to facilitate receipt of appropriate accommodations for which the student is approved.

E. Assist the student with the accommodations process.
F. Assist the student in resolving problems that may occur during the accommodations process.

G. Interact with SGSC faculty, staff, and non-SGSC professionals on student's behalf as appropriate.

H. Maintain records of interactions with student related to the administration of accommodations.

All requests for University System accommodations (foreign language substitutions, additional semesters in Learning Support, and special accommodations for the Regents Exam, CPE/Compass) must be submitted to the Regents Center for Learning Disorders at Georgia Southern University. Students requesting University System testing accommodations for entrance or placement tests should make their request well in advance of testing date to ensure appropriate time for needed arrangements.

V. DOCUMENTATION REQUIREMENTS

The Office of Disability Services is responsible for maintaining confidential student files. These files include appropriate documentation of the disability, intake forms, a record of contacts with the student, and a record of services provided. To determine appropriate and reasonable accommodations, documentation must be furnished. The following documentation is required for:

**Learning Disabilities** - A psychological or psycho-educational evaluation, not older than three years, must be provided by a licensed professional. The evaluation must meet the Board of Regents criteria for LD eligibility. Additional records from primary or secondary schools may be requested.

**Attention Deficit Disorder** - A psychological or psycho-educational evaluation, not older than three years, must be provided by a licensed professional. The evaluation must meet the Board of Regents criteria for LD eligibility. Additional records from primary or secondary schools may be requested.

**Traumatic Brain Injury** - A psychological or psycho-educational evaluation, not older than three years, must be provided by a licensed professional. The evaluation must meet the Board of Regents criteria for LD eligibility. Additional records from primary or secondary schools may be requested.

**All Other Disabling Conditions** – A letter from a qualified practitioner that provides a diagnosis, the current status of the condition, the impact of the condition on academic and any suggested academic accommodations.

If documentation is not current, or if the student has never been tested:

The student is assisted in the process of obtaining appropriate documentation. The student is provided with standards established by the BOR for outside evaluations and provided with information on obtaining testing from the RCLD at Georgia Southern University.

The student must then choose either “Outside Documentation” or “RCLD testing”: 
1. OUTSIDE DOCUMENTATION: When outside documentation is chosen, the student compiles the materials and presents them to the Office of Disability Services at SGSC. ODS will send the outside documentation to RCLD for evaluation.

2. RCLD TESTING: When testing from the Regents Center for Learning Disorders is chosen, the student completes a pre-testing packet for the RCLD. This packet is submitted to the ODS at SGSC, which then forwards it to the RCLD for evaluation.

The RCLD makes all decisions regarding academic accommodations and refers them by letter to the ODS at SGSC, which then facilitates services.

VI. EVALUATION BY THE REGENTS CENTER FOR LEARNING DISORDERS

The Board of Regents of the University System of Georgia has established three centers for the provision of assessment, resources, and research related to students within the University System who have learning disorders. The Regents Centers for Learning Disorders (RCLD) are located at Georgia Southern University, The University of Georgia, and Georgia State University. Each RCLD is responsible for serving designated colleges and universities within a geographic region.

Students who do not have current evaluations that meet state guidelines may be referred to the Center for evaluation but must meet certain requirements. Students who are referred for testing or an evaluation review must be enrolled in the referring institution. Exceptions to the rule are considered when students who are applying for admission to an institution and require verification of a disability for the institution CPC foreign language requirement. Referral for testing or evaluation review in these cases should come from the institution at which admission is pending. No exceptions will be made to the University System admissions requirements. (Academic Affairs Handbook, Section 2.22 [2/2009]).

Students who wish to be tested by the RCLD should contact the ODS on their campus. An ODS staff member will schedule an appointment with the student to go over the pre-testing packet. When a student returns this packet, an ODS staff member will check for completeness and forward the packet to the RCLD at Georgia Southern University. The RCLD schedules the evaluation and notifies the student of the time, date, and place for the evaluation. The Georgia Southern RCLD is located in Cone Hall. The student is responsible for the evaluation fee of $500.00. This fee is to be mailed to the RCLD along with the pre-testing packet.
VII. ACCOMMODATION LETTERS

The Accommodation Letter is used as a means of communication among the student, the Office of Disability Services (ODS), and the faculty. Academic and physical accommodations to which a student is entitled are listed in the letter. The process for use of the Accommodation Letter is as follows:

1. The student completes the Voluntary Declaration of Disability and meets with a staff member from the ODS to present documentation of the disabling condition. (See Appendix B for example.) When that documentation has met all standards established by the BOR, the student is eligible for an Accommodation Letter(s). (See Appendix C for example.)

2. Based on the documentation and recommendations of the BOR, the ODS coordinator, along with the student, determines appropriate and individualized accommodations. These accommodations are outlined in the Accommodation Letter(s).

3. At the beginning of each term, the student requests an Accommodation Letter(s) from the ODS Coordinator. The student then comes to the ODS office for the letter(s) and the Faculty Academic Accommodations Form(s). (See Appendix D for example.)

4. The student is responsible for making sure the instructor has received the Accommodation Letter at the beginning of each term, and that the Faculty Academic Accommodations Form has been signed by the instructor and returned to the ODS. Faculty members are under no obligation to provide accommodations until an Accommodation Letter is received. Accommodations should begin within a reasonable period following delivery of the Accommodation Letter.

VIII. PROCEDURES FOR DISABILITY-RELATED ABSENCES

1. Students are expected to follow the attendance policy established by the instructor in each class.

2. If a qualified student with a disability cannot attend class because of disability-related reasons, the student should contact the Office of Disability Services prior to the beginning of the semester, or as soon as possible after the need for an exception arises.

3. Determination of eligibility for a disability-related exception to the attendance policy is made by the Disability Service Coordinator (DSC) in consultation with the instructor of the course for which the exception is sought. The DSC may consult with the Regents Center of Learning Disorders at Georgia Southern University for this request.

4. As with all disability accommodations, exceptions to the attendance policy will be determined on an individual, case-by-case basis.

5. Students who are approved for an exception to the attendance policy are expected to contact instructors in advance of an anticipated absence.
6. In the case of emergencies or unexpected disability-related absences, contact should be made as soon as possible with the instructor to verify the reason for the absence and discuss make-up work. The student and instructor should come to a clear agreement about the nature of the make-up work and deadlines for completing it.

7. It is the individual student’s responsibility to obtain copies of lecture notes and/or materials from missed classes due to a disability-related issue.

8. Students should make a special effort to attend class for exams and to observe deadlines for submission for assignments.

9. Exception to the attendance policy does not mean exception to any of the other academic requirements of the course.

10. Students should provide verification of absences from health practitioners for instructors when requested.

11. Students should be aware that exceptions to the attendance policy may not be possible in all courses because class attendance is an essential, integral part of some courses.

IX. Testing Accommodations

1. Students that are determined eligible for testing accommodations must pick up their accommodation letters from the ODS at the beginning of each semester. (Preferably before the first class meeting.)

2. Students must present the Accommodation Letters to their instructors in a timely manner and discuss the testing accommodations.

3. Students and instructors are encouraged to arrange testing accommodations within the department to insure better student access to instructors.

4. If testing accommodations cannot be made within the department, students need to complete a Test Accommodation Form with their instructor and schedule the test with the ODS/Designated Proctor. (Test Accommodation Forms are located in the ODS. See Appendix E for example.)

5. In order to schedule testing in the ODS, the student is encouraged to submit the completed Test Accommodation Form no later than one week before the test.

6. If you have scheduled a test with the ODS and valid circumstances require a change in your test schedule, you must contact the ODS as soon as possible.

7. Students are required to be on-time for scheduled tests with the ODS. Instructors will be notified of late arrivals and no shows. If rescheduling of the test is necessary, then the instructor must give the student permission to reschedule at another time.

8. If a student is testing with the ODS, he/she will be allowed to use only the materials that have been approved by the instructor on the Testing Accommodation Form.
9. Students that test with the ODS will be monitored electronically.

10. If any difficulties arise concerning your testing accommodations, contact the ODS immediately for assistance.

11. Students accommodated with testing services at the ODS are expected to adhere to the Student Conduct Rules and Regulations as stated in the SGSC Student Handbook.

X. STUDENT FILES—STATEMENT OF CONFIDENTIALITY

Student files are confidential and are kept in a secure location in the ODS. All records kept by the ODS shall remain confidential information and will be disclosed to a third party only with the student's written permission. (See Appendix F and G for examples.) Record of disclosure will be kept on file.

The Family Educational Rights and Privacy Act of 1974 protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data. The ODS complies with this act as outlined in the SGSC catalog.

XI. GRIEVANCE PROCEDURE

Students who feel that a decision by an Office of Disability Services (ODS) staff member or faculty member does not fully comply with federal disability legislation should follow the appropriate procedure as outlined below:

A. Complaints of ADA Violations by ODS Coordinator

Students should first meet with the ODS Coordinator who made the decision and attempt to resolve the problem informally. It is anticipated that most questions will be resolved in this way. However, situations unresolved at the ODS Coordinator’s level may be appealed to the Director of Student Life (DSL). The Coordinator of the ODS will assist the student in making an appointment with the (DSL) and will forward materials relevant to the complaint to the DSL. If the student is not satisfied with the decision of the DSL, the DSL will assist the student in appealing to the Vice President of Student Success (VPSS). The VPSS will meet with the student in an attempt to resolve the complaint. If the student is not satisfied with the decision of the VPSS, the VPSS will assist the student in appealing to the Vice President of Academic Affairs (VPAA) and will forward all relevant materials to the VPAA with copies to the ADA Compliance Officer.

The VPAA will meet with the student and attempt to resolve the appeal. If the VPAA and the student are not successful, the student will be referred to the ADA Compliance Office, the President and ultimately to the Board of Regents.
B. Complaints of ADA Violations by Faculty

Students who feel that their rights under federal disability legislation have been violated by a faculty member should first meet with the ODS Coordinator to register their complaint. If the Coordinator feels the incident demands further investigation, an informal inquiry is begun by discussing the allegations with the faculty member. It is anticipated that most perceived violations will be resolved at this point, through discussion with the faculty member of the relevant legislation and appropriate methods of accommodating students' documented disabilities.

The Coordinator will inform the student and the faculty member of any agreed-upon actions on the part of all parties, with a copy to the ADA Compliance Officer. Cases unresolved at the Coordinator's level may be appealed to the Director of Student Life (DSL). The Coordinator of the ODS will assist the student in making an appointment with the DSL and will forward materials relevant to the complaint to the DSL.

The DSL will meet with the student in an attempt to resolve the complaint. If the student is not satisfied with the decision of the DSL, the DSL will assist the student in appealing to the Vice President of Student Success (VPSS) and will forward all relevant materials to the VPSS.

The VPSS will meet with the student and attempt to resolve the appeal. If the student is not satisfied with the decision of the VPSS, the VPSS will assist the student in appealing to the Vice President of Academic Affairs (VPAA) and will forward all relevant materials to the VPAA with copies to the ADA Compliance Officer. If the VPAA and the student are not successful, the student will be referred to the ADA Compliance Office, the President and ultimately to the Board of Regents.

C. FACULTY APPEAL OF REASONABLE ACCOMMODATIONS

Because faculty members are course content experts, the ODS will negotiate specific academic accommodations with instructors. Instructors will receive accommodation suggestions via the Accommodation Letter process, but if they have other ideas concerning accommodations, they should contact the ODS Coordinator. Since the law requires such issues to be settled in a timely manner, instructors should move quickly to make their thoughts known.

If the instructor and the ODS Coordinator are unable to reach an agreement concerning an accommodation, the ODS Coordinator will notify the VPAA of the problem. The VPAA will be responsible for resolving the disagreement.
Disability Services Intake Form

Today’s Date: _____________________

Biographical Information

Name: ______________________________________________________ Name Preferred: ________________________
First                       Middle                       Last

SGSC ID#:__________________________     DOB:_____________________________

SGSC Email:___________________________________________________ Phone:___________________

Other Email:________________________________________________________________

Optional: Gender __________ Race __________ Marital Status _____________ Referred by ______________________

Local Address:

__________________________ Apt. #
Street                                      

City                                             State                 Zip                  County

Permanent Address:

__________________________ Apt. #
Street                                      

City                                             State                 Zip                  County

Parent/Guardian

Name(s): _______________________________________________ Phone:_______________________________
_____________________________________________ Phone:_______________________________

Disability(ies):                                    Date(s) of Onset and/or Diagnosis:

__________________________

_________________________________________
Primary Health Professional Name and Address:
________________________________________                      ________________
________________________________________                      ________________________________________
________________________________________                      ________________________________________

Secondary health Professional Name and Address:
________________________________________                      ____________________________
________________________________________                      ________________________________________

Current Medications: ________________________________________________________________________________

Medical Restrictions: ________________________________________________________________________________

Are you registered with the Division of Rehabilitation Services?      Yes ________________ No ________________
If yes, name of counselor ____________________________________________________________

Accommodations:

Please list any academic accommodations or support services that you have received in the past.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please list any academic accommodations or support services which you would like to request at South Georgia State College.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please note any additional information that may assist Disability Services in providing you with accommodations.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Appendix B.

VOLUNTARY DECLARATION OF DISABILITY

This form is to be completed only if you have a disability and are requesting academic accommodations.

The information on this form is confidential and will be released only to those individuals responsible for providing assistance to students with disabling conditions.

Please check the area(s) that best describe(s) your disability:

- Learning Disability
- Physical Disability
- Attention Deficit Disorder
- Hearing/Visual/Speech Disability
- Psychological Disability
- Other (please describe)

________ I have a physical disability and request accommodations in housing.

Please provide us with the following information:

Date: ________________

Student’s Name: ________________________________________ ID#: ____________________________

Address:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

(City) (State) (Zip Code)

Phone#: ____________________________ Cell Phone: ____________________________

Email: __________________________________________________________________________________

☐ I am a first time beginning freshman

☐ Returning Student

☐ Transfer

I plan to begin attending South Georgia State College: Semester: _________________ Year: _____________

Student’s Signature: ___________________________________________ Date: ___________________

If you have any questions concerning this procedure, please contact the Disability Services Coordinator, at (912) 260-4435. Please return this completed form to the Office of Disability Services.
Appendix C.

Academic Accommodation Request

TO:

FROM: Disability Services Coordinator

RE:

DATE:

_________________ has registered for your class this semester and is receiving support from our office. The modifications that are needed vary from class to class, depending on the nature of the course material, the type of class presentation, and the types of tests given. The following kinds of modifications are requested for your class:

- Extended time for tests and in-class assignments
- Reduced-distraction test environment
- Use of text reading software
- Use of an audio recorder for lectures
- Access to books in alternate format
- Use of calculator (when not an essential skill)

Accommodations address the documented needs of this student, but must not violate what are considered to be the essential/technical standards of the course or program. Should you have any questions about this, please contact me. I will always be happy to confer with you either in person or by phone.

We want this to be a positive experience for both you and __________________. Thank you for your cooperation and understanding.

c: File
SERVICES FOR STUDENT WITH DISABILITIES
FACULTY ACADEMIC ACCOMMODATION FORM

Student Name: ________________________________

In accordance with the Americans with Disabilities Act, this student has presented documentation of a specific disability. This information noted on the attached letter is CONFIDENTIAL and should be discussed privately between you and the student. To insure ADA mandated confidentiality, do not discuss/refer to a student's disability in front of others. If you have any questions regarding the accommodations, please contact Annette Nation, Disability Services Coordinator at 912.260.4435. Thank you for your assistance.

It is the student's responsibility to talk with faculty to confirm when and how accommodations will be provided. (i.e. What accommodations are needed, where to go for tests, assistance with finding a note-taker, and pop-quizzes or laboratory accommodations.)

<table>
<thead>
<tr>
<th>COURSE</th>
<th>INSTRUCTOR'S SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The instructor's signature is needed to verify that the student has identified and discussed the accommodations that he / she will need throughout the semester.

Student Signature: ________________________________ Date: __________________

*I hereby give permission for the Office of Disability services to discuss my accommodations with appropriate college officials. The information given to faculty and staff will be used only to substantiate need for accommodations and the nature of the accommodations required.

Staff: ________________________________ Date: __________________
Appendix E. SGSC Office of Disability Services Testing Accommodation Form

Part I - To Be Completed by Student:

Student: ___________________________   Semester: ___________________________

Course Name: ___________________________   Instructor: ___________________________

Class Time & Meeting Days: ___________________________

Part 2 - To Be Completed by the Instructor:

Check Option:

____ Please proctor exams in (Course): _____________________________________________________________

Requested date/time for exam to be proctored: Date: ___________________________   Time: ___________________________

(Must consult with ODS/Designated Proctor to confirm date/time is available)

Choose Delivery Option:

All exams, quizzes, etc., must be delivered to the test proctor at least (3) hours prior to the scheduled test time.

____ I will email exams, quizzes, etc. to _____________________________________________________________

____ Exam will be hand delivered to _____________________________________________________________

*How can our office contact you during the exam if needed? _______________________________________

Time allowed during regular class time for test. _________________________________________________

Class related material(s) student can use during test. (Examples: Calculator, Text book, Dictionary, etc.)

_____________________________________________________

Special instructions for testing: _______________________________________________________________

________________________________________________________________________________________

Instructor’s signature: ___________________________   Date: ___________________________

STUDENTS ARE ENCOURAGED TO RETURN THIS FORM DIRECTLY TO THE DISABILITY SERVICES COORDINATOR/DESIGNATED PROCTOR ONE WEEK PRIOR TO THE TEST. HOWEVER, IN ORDER TO RESERVE THE TESTING ROOM, THIS FORM MUST BE TURNED IN NO LATER THAN THREE DAYS PRIOR TO THE TEST.

Note: Submitting a Testing Accommodation Form does not guarantee testing accommodations at ODS. Testing accommodations are provided on a first-come, first-served basis.
CONSENT TO RELEASE INFORMATION

NAME: ________________________________ SGSC ID#: ________________________________

I, the undersigned, hereby authorize: **Disability Services Coordinator,** to release/exchange information concerning the above-named person to:

(Name of Person or Institution)

(Address)

Specific type of information to be disclosed/exchanged:

- ✔ Assessment
- ✔ Attendance
- ✔ Treatment Progress
- ✔ Drug/Alcohol Issues
- ✔ Treatment Summary
- ✔ Testing Reports
- ✔ Recommendations
- ✔ Counseling Records
- ✔ All of the Above
- ✔ Other ______________________

I understand that the information is to be used for:

- ✔ Academic Considerations
- ✔ Contact with Referral Source
- ✔ Professional Aftercare Planning
- ✔ Family Involvement
- ✔ Continuity of Treatment
- ✔ Other ______________________

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to which disclosure was made shall be included with my original records in the Office of Disabilities. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

This release expires in 12 months unless another date is specified: ______________________

Name (Signature): ________________________________________________________________

Name (Print): __________________________________________________________________

Date: _________________________________________________________________________

Address: _____________________________________________________________________

Witness: _____________________________________________________________________

Permission to transmit documentation by fax: _____ Yes  _____ No  _____ Initials
Appendix G.

South Georgia State College
Office of Disability Services

Release of Information
Parent or Guardian

I hereby authorize the Office of Disability Services at South Georgia State College to release or discuss any pertinent medical, psychological, educational, or vocational information to the parent or guardian listed below. The purpose of this disclosure is to assist me as I pursue my educational goals. Disclosures of information will be restricted to what is necessary, relevant, and verifiable. A photocopy of this authorization shall be as valid as the original document.

Parent/Guardian
Name(s):__________________________________________________________

__________________________________________________________

__________________________________________________________

Parent/Guardian
Address(es): _______________________________________________________

__________________________________________________________

Parent/Guardian
Phone # (s): _______________________________________________________

__________________________________________________________

Student’s
Signature: _________________________________________________________

Student’s
Name: ____________________________________ (Please Print)

SGSC
ID#:_____________________________________________________________

Witness: ___________________________________________________________

Date: ________________________________