

**APPLICATION FOR DISABILITY ACCOMMODATIONS
PANOLA COLLEGE**

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. **All student records are kept confidential.**

Part I: General Information

1. Name: _____ SS# _____
(Last, First, Middle)

Application Date: _____

Anticipated Date of College Entry: _____
2. Intended Major: _____
3. Address – Permanent: _____

Local: _____

4. Telephone Numbers(s): W () _____ H () _____
5. Type of Disability: _____

_____ Dates attended: _____
_____ Dates attended: _____

Part II: Other Necessary Information

1. **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.)

2. **Counselor Information:** If you are a client of a rehabilitation agency, please list below the name, phone number, and mailing address of your counselor:

Name: _____ Phone No. () _____

Agency: _____

Address: _____

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

(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.)

4. **Medical/Diagnostician Information:** Please list below the name, phone number, and mailing address of your physician/diagnostician:

Name: _____ Phone No. () _____

Address: _____

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.

Part III Special Accommodation Request

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 Vocational Counselor.

A checklist of appropriate accommodations will be provided to you. This needs to be presented to your instructors **before the beginning of each semester** at which time you will discuss your academic needs. It is your responsibility to provide each instructor with the checklist. Copies will be available from the Student 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: _____

I have read and understood the information on the accommodations request form. I agree to comply with the procedure and stipulations. I certify that the information I have provided is accurate and true and may be shared with the appropriate faculty/staff.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if recipient is under age 18)