



APPLICATION INTAKE FORM FOR DISABILITY SUPPORT SERVICES

Welcome to Panola College.

This form is to be **completed by the student only** – if assistance is needed, please ask a Disability Support Services Advisor to help. Fill out the form as completely as possible prior to your scheduled meeting with a Disability Advisor. To receive appropriate accommodations prior to start of semester, 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 _____

Primary Phone # _____ Alt. Phone# _____

Mailing Address _____
Street/PO Box City State Zip code

Physical Address _____
Street City State Zip code

Student Email Address _____

Emergency Contact _____ Phone# _____

Personal Status ____ Single ____ Married ____ Divorced ____ Separated ____ Widowed

U.S. Citizen ____ Yes ____ No
If no, country of citizenship _____

Veteran of the U.S. Armed Forces ____ Yes ____ No
If yes, branch of service _____

Referred to Disability Support Services by _____

I understand that my signature certifies all applicant information is accurate.

Student Signature _____ Date _____

Student Status

Origin (Check all that apply)

____ Incoming Freshman ____ Currently Enrolled ____ Transfer Student
____ Transient Student ____ Dual Credit Student ____ International Student

Enrollment Status ____ Full Time(12 hours or more) ____ Part-Time (less than 12 hours)

College Year ____ Freshman ____ Sophomore ____ Junior ____ Senior

Intended Major _____ First Date of Enrollment _____

Commuter (Housing off Campus) ____ Yes ____ No

Resident Student (Housing on Campus) ____ Yes ____ No

If yes, name of Residential Hall and Room # _____

Do you require any specific accommodations while living on campus? ____ Yes ____ No

If yes, what accommodation(s)? _____

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

Educational Background

Recent School(s) Attended (5years)	Dates Attended (From-To)	Approved Disability
_____	_____	_____
_____	_____	_____

Accommodations Provided by Prior attended School(s)

What is the highest level of education you have completed?

____ High School (Diploma) Circle one: Home, Public, Early College or Charter
____ OSC Certificate ____ TxCHSE (GED/HiSET) ____ Certificate Program
____ Some College ____ Associate Degree or higher

If you received your TxCHSE (Texas Certificate of High School Equivalency) through a GED or HiSET program:

When? _____ Where? _____

If you are certified, please list certification title: _____

FAMILY/SOCIAL/EMOTIONAL INFORMATION

Do you feel safe in your surroundings? Yes No

If no, please explain. _____

Is there anything going on at home or in any area of your life that causes you any emotional concerns?
 Yes No

If yes, please explain _____

Do you have an Emotional Support Animal or a Service Animal? Circle one: ESA SA None
If yes, what kind of animal is it? _____

What are the academic special needs concerns as it relates to your emotional concerns? _____

Do you have any problem with large groups or crowds? Yes No
If yes, please explain. _____

How would you rank your family's social and emotional support? (Check One)
 Excellent Good Fair Poor

Please provide any supporting information/documentation.

Student Accommodation Questions

To request disability support services, the student must complete the questions below and provide present documentation to the Panola College Disability Support Services (DSS) office. The DSS office is assigned the responsibility for collecting, maintaining all documentation in a secure file with limited access.

1. In as much detail as possible, describe how the diagnosed condition impacts you as a student in an educational setting. _____

2. What types of accommodations have been helpful to you in the past? _____

3. List the accommodations you are requesting: (e.g. test accommodation, housing, campus, etc.) _____

4. Do you utilize assistive Technology (i.e. Screen reader, Text to Speech, Dictation software, assistive listening device, Screen magnification)? _____

5. Disability Information: Please indicate which tasks you believe are areas of concern. There is no right or wrong answers. Your answers will help us determine which supports are most appropriate for you:

- | | |
|---|--|
| <input type="checkbox"/> Paying Attention in class | <input type="checkbox"/> Taking Notes |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Understanding what you have read | <input type="checkbox"/> Asking for help |
| <input type="checkbox"/> Finishing test on time | <input type="checkbox"/> Proofreading (review what you have written) |

Employment/Career Information

Are you currently working? Yes No If yes, how many hours per week: _____

Where? _____

What kind of work do you do? _____

What other jobs have you held? (Where and for how long?)

What are your career goals? _____

Medical History/ Disability Information

Declared Disability (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Blind or Low Vision |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Hard-of-Hearing | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Psychological Condition | <input type="checkbox"/> Chronic Health Condition |
| <input type="checkbox"/> Other _____ | |

Do you have any long-term medical problems or history of serious illnesses/injuries? Yes No

If yes, please describe: _____

How would you rate your general health? (Check one) Excellent Good Fair Poor

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

Have you ever received any Psychological or Counseling History? (When, Where, and Diagnosis)

Have you ever been diagnosed with a Psychiatric Disorder? (When, Where, Diagnosis)

Medical and/or Diagnostic Contact(s) Information

Provider #1

Name _____ Phone # _____

Mailing address _____
Street/PO Box City State Zip Code

Provider #2

Name _____ Phone# _____

Mailing address _____
Street/PO Box City State Zip Code

Please list the name of all local/state/federal government agencies that you receive outside assistance from: (i.e. Texas Workforce Solutions-Vocational Rehabilitation Solutions TWS-VRS (formally DARS), VA, Vocational Rehabilitation, Services for the Deaf and Hard-of-Hearing, Association for the Blind etc.)

Please include medical/diagnostic evaluation report(s) and/or psychological/psychiatric notes 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**.

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. (Instructor provided and/or classmate. The DSS office may provide 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 quizzes and on tests. (Unless testing applies to an assessment in relation to purposes of measure as a factor, which may include speed, accuracy, aptitude or achievement level 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, online narrator, or scribe.
- Special Testing location provided at DSS office quiet non-distractive environment. (3 or less testing at a time)
- Special Circumstances Testing at home location through Respondus Lockdown Browser (Only available to homebound medical condition; students requires student to have webcam with microphone.
- Scratch paper and pencil (to be taken and shredded after testing is complete)
- Assistive device(s): _____
- Special seating: 1) seat near the door; 2) wheelchair access; 3) other _____
- Assistance with lab work, tutoring etc.

Other: _____

CONFIDENTIALITY AND INFORMATION RELEASE OF STUDENT RECORDS

The Office of Disability Support Services (DSS) is responsible for receiving and maintaining disability-related documentation and information for students with disabilities at Panola College. All documentation in the student's DSS file is treated confidentially and will not be released to anyone not involved in the accommodation and service-delivery process with the following exceptions: (a) the student gives DSS a signed release to share disability-related information with the person(s) or office(s) named on the release; (b) DSS will release disability-related information as required and/or permitted by the law and/or court order; (c) the student threatens to harm himself or herself or others; (d) the student files a disability-related complaint, appeal, grievance, or lawsuit against any College office or employee(s); (e) there is a need-to-know or right-to-know by college faculty/staff in order to best serve the student. DSS staff will not release disability-related information to a student's parents/guardian/caregiver without a confidentiality release signed by the student. This must be a confidentiality release completed and signed at the DSS office. A confidentiality release signed through another office or department at Panola College does not grant parental access to disability-related information kept by DSS. When a student with a disability requests accommodations, he or she understands that some disability-related information may be provided on a need-to-know basis to Panola College faculty and staff to help ensure that the student receives appropriate accommodations. Otherwise, College faculty and staff need to know only (1) that the student has been through the disability documentation review process; and (2) the accommodations have been approved by DSS to meet the student's disability-related needs.

I _____, authorize the Panola College DSS staff to have access to any and all academic records to assist me in planning schedules and evaluating academic progress.

I _____, give Panola College Office of DSS staff permission to share relevant information on a need-to-know basis with Panola College administrators, faculty, health or counseling staff, request information about you from other campus offices.

Please list any restrictions to this authorization below:

I _____, Panola College Office of DSS staff to contact relevant external service providers (medical doctors, psychologists, audiologist, psychiatrists, etc.) who have provided information concerning my disability, in order to obtain information needed to determine appropriate and effective accommodations and services.

I _____, understand that I may amend this agreement at any time in writing and, unless I note otherwise, it will remain in effect until completion of my program at Panola College.

Student Signature _____ Date _____

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.
- I understand that I am my own advocated. It is my responsibility to request accommodations and to notify instructors of my need for accommodations. It is also my responsibility to report any concern I may have regarding accommodations to the Panola College Disability Support Services office.
- I understand that documentation of my disability must be provided to the Panola College Disability Support Services office before accommodations will be provided. I realize that I may need additional documentation upon transferring from or to another educational institution. It is my responsibility to consult with the transfer institution regarding their documentation requirements.

My signature below affirms that I have completed this application truthfully and that I have read and understand the confidentiality statement herein.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if recipient is under age 18)