Handbook for Students With Disabilities

A Proud Past…A Promising Future

Panola College

Disabled Student Services Office
Charles C. Matthews Foundation Student Center
903.693.2046

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Panola College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (1866 Southern Lane, Decatur, Georgia 30033-4097; Telephone number 404-679-4500) to award Associate degrees and certificates of completion.

Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, disability or genetic information.
Philosophy and Objectives

Panola College welcomes the student who has a special need as a part of the student body. This institution is committed to providing support and adaptations necessary to contribute to a successful educational experience for students with disabilities. Panola College provides equal opportunities for qualified students with disabilities and ensures access to a wide variety of resources and programs.

The passage of Section 504, Federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 requires that the College make certain special arrangements for students with disabilities, such as allowing the use of tape recorders. This legislation means that the student will be required to meet the same academic standards as other Panola students; but will have access to the accommodations which will support them in meeting those standards. The College will make reasonable accommodations for students with a diagnosed physical and/or learning disability who have been admitted to the College and requests accommodations.

The Disabled Student Services (DSS) Office at Panola College coordinates support services and equipment for Panola College students with temporary or permanent disabilities. The goals of DSS are:

- To provide services, accommodations, and equipment to enable students with disabilities to participate in and benefit from all College programs and activities.
- To promote an environment at Panola College which provides reasonable access.
- To encourage students to become as independent and self-reliant as possible. Toward this goal, students are expected to assume major responsibility for securing services and accommodations.
- To provide information and consultation about specific disabilities to the entire Panola College community.

Laws: Section 504 and Americans with Disabilities Act

The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 are major pieces of federal legislation which prohibit discrimination against persons with disabilities. These Acts state that:

...no otherwise qualified handicapped person shall on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any academic...or other post-secondary education program receiving federal financial assistance.

Under these laws, a qualified handicapped person is defined as “one who meets the academic and technical standards requisite to admission or participation in the...education program or activity.” They specify that individuals with hidden disabilities (psychological and learning disabilities) have the same legal entitlements as adults with physical or sensory disabilities. Section 504 of the Act prohibits discrimination on the basis of handicap against persons in programs or activities receiving or benefiting from federal assistance.
Thus, in a university setting, Section 504 mandates “reasonable accommodation” for students with learning and psychological disabilities via such methods as taped textbooks and alternative testing arrangements in the same way that it mandates curb cuts and ramped entrances to classroom buildings for students with physical disabilities or sign language interpreters for students who are deaf.

Section 504 of the Rehabilitation Act of 1973 states that:

“No otherwise qualified handicapped individual in the United States. . .shall, solely by reason of. . .handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

A “handicapped person” means any person who (i) has a physical or mental impairment that substantially limits one or more of such person’s major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.

A “qualified handicapped person” is defined as one who meets the requisite academic and technical standards required for admission or participation in the post-secondary institution’s programs and activities. Section 504 protects the civil rights of individuals who are qualified to participate.

The Americans with Disabilities Act of 1990 (ADA) is the civil rights guarantee for persons with disabilities in the United States. This legislation provides protection from discrimination for individuals on the basis of disability. The ADA extends civil rights protection for people with disabilities to employment in the private sector, transportation, public accommodations, services provided by state and local government, and telecommunication relay services. The significance of this legislation is no less than that of the civil rights acts in the 1960’s for minorities.

A person with a disability is anyone with a physical or mental impairment (or who has a history of such a condition, or who is perceived by others to be disabled) that substantially impairs or restricts one or more major life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Post-secondary institutions that receive federal monies have been required to comply with a similar disability nondiscrimination law – Section 504 of the Rehabilitation Act of 1973. The ADA upholds and extends the standards for compliance set forth in Section 504 to employment and promotion practices, meeting planning, and communications.
Special Services

The purpose of the Disabled Student Services Office is to promote an environment at Panola College, that provides reasonable access to all programs, courses, and activities for students with disabilities, and to provide information and consultation about specific disabilities to the entire College community. The following list of services may be available:

504/ADA/Services

- Assistance with registration
- Test accommodations
- Taped lecture/texts
- Notetakers
- Readers

Tutorial services

- Skills Bank (Basic Skills)
- Computer Tutoring Lab
- Paid peer tutors

Pre-Admissions Guidance

Prospective students with disabilities are encouraged to arrange a visit to the campus prior to admission to become acquainted with the facilities and services offered at the Panola College campus that will enable them to fully participate in regular classroom instruction.

The college will make reasonable accommodations for qualified students with a diagnosed physical and/or learning disability who apply for admission. The student is responsible for being aware of the guidelines, procedures, and policies outlined in the official College Catalog and the student handbook, The Pathfinder. This Handbook for Students with Disabilities is mainly to inform the student of the accommodations available at Panola College.

The student should make the Disabled Student Services Office aware of his/her needs and request the assistance needed. Notification before the beginning of any semester is necessary for adequate scheduling of services. Reasonable accommodation or assistance to increase success will be provided as appropriate.

The deadline for applying for assistance with the Disabled Student Services Office is normally four weeks prior to the beginning of the initial semester of enrollment to allow time to provide adequate coordination of services. The deadline for applying for subsequent continuous semesters of enrollment is two weeks prior to the beginning of the semester.
Assistance with Registration

The student should make the Disabled Student Services Office aware of his/her needs and request the assistance needed. Notification before the beginning of any semester is necessary for adequate scheduling of services.

If reasonable accommodation in registration procedure or instructional environment is requested, the student must obtain a Request for Special Testing/Accommodations Form from the Disabled Student Services Office and have an interview with the vocational counselor. Current medical and/or psychological documentation that verifies his/her disability will be required with the request form.

The deadline for applying for assistance with the Disabled Student Services Office is four weeks prior to the beginning of the initial semester or enrollment to allow time to provide adequate coordination of services. The deadline for applying for subsequent continuous semesters of enrollment is two weeks prior to the beginning of regular college registration for that semester.

Counseling

Students may receive academic and career counseling from professional counselors and staff at Panola College. Counselors also provide referral information when requested.

Career Planning and Placement Services

The Career Center provides career-planning information for students, including exploration of career options, computer-based interest assessments, occupational information, senior college information, and transfer information. Job opportunities are posted regularly on designated bulletin boards. Directors of career programs provide placement information to graduates of these programs. Finding employment is ultimately the student’s responsibility.

Community Referrals

DARS – Division for Rehabilitation, formerly the Texas Rehabilitation Commission, and Texas Commission for the Blind are common referral sources for diagnostic evaluations and assistance. Contact the Disabled Student Services Office for additional referral resources at 903.693.2046.
Special Accommodations

The following descriptions of services/accommodations listed are those most frequently requested and provided to students.

Accommodations Available to the Student with a Learning Difference

- Special arrangements for taking exams/written work completed in class (extended-time, alternate testing site, other accommodations on an individual basis)—please follow accommodations request procedure to access this service.
- Coordination of textbooks recorded/enlarged.
- Classroom notetaker – Please follow accommodation request procedures to access this service.
- Other accommodations on an individual basis.

Accommodations Available for the Student with a Mobility Impairment

- Ramps
- Accessible buildings/restrooms
- Handicapped parking
- Modified equipment and adaptive equipment
- Classroom notetaker
- Other accommodations on an individual basis

Testing Accommodations

To assure that reasonable special testing can be provided for the student with a physical or learning disability, the procedures listed below must be followed:

- Student must meet with the vocational counselor in the Disabled Student Services Office to ensure that appropriate documentation is on file.
- Student must contact and present the Support Services Checklist Form to his/her instructor(s) to arrange for special testing prior to the beginning of the semester or during the first week of classes and maintain contact throughout the semester.
- Instructors should contact the vocational counselor at 693.2046 if assistance is needed.

State law requires persons with handicaps to obtain handicapped permits from their county automobile registration department in order to park in any handicapped zones. If a student has special needs, special parking permits are available in the Campus Safety Office during regular business hours. For more information contact the Campus Police Office at 693.1112.
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:**  
   ________________________________________________________________  
   ________________________________________________________________  

6. **Other College and Universities attended:**  
   ___________________________________ **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 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 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.

- Access to instructor notes, if notes are used by instructor (Not all instructors have notes from which they lecture.

- 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.) **Additional time is NOT available for in-class assignments for online courses.**

- 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 understand 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)
REQUEST FOR SPECIAL TESTING

If you claim to have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the testing process which will ensure that the test accurately reflects your skills, knowledge, and abilities. Attempts will be made to provide a reasonable accommodation which will allow you to demonstrate your abilities.

The information requested below, and any documentation regarding your disability or need for accommodation in testing, will be considered **strictly confidential** and will not be furnished to any outside source without your permission:

Name: _______________________________________________________
       (Last Name)     (First Name)     (MI)

Address: _______________________________________________________
          (Street)               (Apt. Number)
          (City)                  (State)       (Zip)

Telephone#: ___________________________________________________
            (Including Area Code)

Accommodation requested for the ________________________________ examination.

**ACCOMMODATION REQUESTED**

The following accommodations are requested to provide me (the examinee) with an accessible testing arrangement. Please be specific, for example, “Test should be printed in black ink,” or “I will need a magnifying glass to read the test.”

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________

(If needed, use reverse side of sheet)

Requestor Signature ___________________________ Date __________

Staff Signature ___________________________ Date __________
“Directory Information” may be released for any purpose at the discretion of our college. Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), you have the right to withhold the disclosure of Directory Information. Directory Information is defined as: your name, address, telephone number, dates of attendance, class, previous institutions attended, major field of study, awards, honors (includes Dean’s List), degree(s) conferred (including dates), past and present participation in officially recognized sports and activities, physical factors (height, weight of athletes), date and place of birth.

Please consider very carefully the consequences of your decision to withhold Directory Information. Should you decide to inform the college not to release the Directory Information, any future requests for such information from non-college persons or organizations will be refused. The college will honor your request to withhold but cannot assume the responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the college assumes no liability for honoring your instructions that such information be withheld.

If this information is not received in the Admissions/Records Office prior to or at the time of your initial registration, it will be assumed that the Directory Information may be disclosed. If you wish to change information, please complete a new form, have your signature witnessed and present it at the Admissions/Records Office. Remember that this includes release of honor rolls, also.

Please mark the appropriate answer and sign below to indicate your approval or disapproval for the College to disclose Directory Information.

The college ______ does ______ does not have my permission to release my Directory Information.

Signature: ____________________________ Date: ____________________________
Equipment ____________________________________________ Number ______________________

Checked out to:

________________________________________________________
Name

________________________________________________________
Student ID Number

________________________________________________________
Semester ______________________ Date ______________________

This equipment must be returned to the Disabled Student Services Office no later than the day of
the student’s last final exam. If the equipment is not returned by the due date in operable
condition, a hold will be placed on the student’s transcript and cost or replacement will be
assessed.

In checking out this equipment, I agree to the above terms.

________________________________________________________
Student signature

Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without
discrimination because of race, color, religion, sex, age, national origin, veteran status, disability or genetic information.
# Frequently Called Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Switchboard</td>
<td>903.693.2000</td>
</tr>
<tr>
<td>Campus Police</td>
<td>903.693.1112</td>
</tr>
<tr>
<td><strong>Disabled Student Services</strong></td>
<td><strong>903.693.2046</strong></td>
</tr>
<tr>
<td>Financial Aid</td>
<td>903.693.2039</td>
</tr>
<tr>
<td>M.P. Baker Library</td>
<td>903.693.2052</td>
</tr>
<tr>
<td>Business Office</td>
<td>903.693.2082</td>
</tr>
<tr>
<td>Scholarships</td>
<td>903.693.2029</td>
</tr>
<tr>
<td>Food service</td>
<td>903.693.2015</td>
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<tr>
<td>Maintenance</td>
<td>903.693.1113</td>
</tr>
<tr>
<td>Admissions and Records</td>
<td>903.693.2038</td>
</tr>
<tr>
<td>College Store</td>
<td>903.693.2019</td>
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<tr>
<td>Career and Technical Advisor</td>
<td>903.693.2046</td>
</tr>
<tr>
<td>Placement Testing</td>
<td>903.693.2036</td>
</tr>
<tr>
<td>Advising</td>
<td>903.693.2034</td>
</tr>
<tr>
<td>VP of Student Services</td>
<td>903.693.2034</td>
</tr>
<tr>
<td>Director of Student Life</td>
<td>903.693.2048</td>
</tr>
<tr>
<td>Residence Life Coordinator</td>
<td>903.693.1176</td>
</tr>
<tr>
<td>Marshall College Center</td>
<td>903.935.5039</td>
</tr>
<tr>
<td>Shelby Regional Training Center</td>
<td>936.591.9075</td>
</tr>
<tr>
<td>Shelby College Center</td>
<td>936.598.9543</td>
</tr>
</tbody>
</table>

## Off Campus Numbers:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Rehabilitation Commission</td>
<td>903.938.8805</td>
</tr>
<tr>
<td></td>
<td>903.758.9143</td>
</tr>
<tr>
<td>Texas Commission for the Blind</td>
<td>903.581.9945</td>
</tr>
</tbody>
</table>

## Personal Phone Numbers:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

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