



SOWELA
TECHNICAL COMMUNITY COLLEGE

Student Handbook: Disability Services

**Policy, Procedures & Resources for
Students with Disabilities**

Disability Services

Computer Technology Building – Student Success Center

Voice: (337) 421-6969

Fax: (337) 491-2054

Email: ods@sowela.edu

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Disability Services (DS)

Mission of Disability Services

In support of the college's mission to identify and meet the educational needs of its community through innovative, dynamic programs, Disability Services ensures equal access to all campus programs and activities. The office promotes full participation in campus life for individuals with disabilities. Services are provided collaboratively to empower students to advocate for themselves and assume responsibility for their academic outcomes and personal goals

Role of Disability Services

Disability Services provides intake, assessment of needs on campus, and facilitation of academic and other accommodations for students with disabilities attending SOWELA Technical Community College (SOWELA). DS acts as a liaison between students and faculty, as well as with community agencies. Disability Services also provides training for faculty and staff to increase greater understanding of the needs and the advantages of a team approach to serving students with disabilities within the SOWELA Community.

Any student with a learning, physical, psychological, or other disability that significantly impacts his or her academic pursuits is potentially eligible to receive services from DS. The office interacts with students with disabilities in the determination and facilitation of auxiliary aids and services on an individual basis

Eligibility for Services

A student is eligible for accommodations if he/she:

- is qualified for the program(s)
- is a person with a disability
- has identified himself/herself to the institution through DS, and
- has presented appropriate documentation regarding the disability to the institution as required by DS (see documentation requirements) and requires accommodation(s).

Note: Accommodations are effective after the student submits appropriate and complete documentation in accordance with DS documentation policies, completes the DS registration, and has presented and discussed the accommodation letter with his/her instructor (for testing accommodations, the accommodation letter must be presented to the instructor at least three business days prior to the examination date).

Disability Laws in Postsecondary Education

If you have a disability, you are entitled by law to equal access to college programs. There are two laws that protect persons with disabilities in postsecondary education: The Rehabilitation Act of 1973 and the 1990 Americans with Disabilities Act.

The Rehabilitation Act

Title V of The Rehabilitation Act of 1973 is generally regarded as the first civil rights legislation for people with disabilities on the national level. Section 504 of The Rehabilitation Act is a program access statute. It prohibits discrimination on the basis of disability in any program or activity offered by an entity or institution receiving federal funds.

Section 504 states (as amended):

No otherwise qualified person with a disability in the United States . . . shall, solely on the basis of disability, be denied access to, or the benefits of, or be subjected to discrimination under any program or activity provided by any institution receiving federal financial assistance.

Under Section 504, institutions were required to appoint and maintain at least one person to coordinate its efforts to comply with the requirements of Section 504 (Section 504 Coordinator). This individual or office has the ongoing responsibility of assuring that the institution/agency/organization practices nondiscrimination on the basis of disability and should be included in any grievance procedures developed to address possible instances of discrimination brought against the institution. At SOWELA Technical Community College (SOWELA), the established office is the Disability Services (DS).

The Americans with Disabilities Act (ADA)

The ADA is a federal civil rights statute that prohibits discrimination against people with disabilities. There are four sections in the law: employment, government, public accommodations, and telecommunications. The ADA adds more protection for disabled persons to the Rehabilitation Act of 1973. The ADA is designed to remove barriers that prevent qualified individuals with disabilities from enjoying the same opportunities that are available to persons without disabilities.

Colleges and Universities are covered in many ways under the ADA. Employment is addressed by Title I, accessibility provided by public and private entities Title II and III, and miscellaneous items are covered under Title V.

The ADA in Relation to Section 504 of the Rehabilitation Act

Institutions that receive federal funds (such as the SOWELA Technical Community College) are covered under Section 504. The ADA does not supplant Section 504, but in those situations where the ADA provides greater protection, the ADA standards apply. Therefore, colleges and universities must adhere to both the Rehabilitation Act and The Americans with Disabilities Act.

Definition of a Disability

Section 504 defines a person with a disability as a person:

- with a physical or mental impairment that substantially limits one or more major life activities,
- who has a record of the disability, OR
- who is regarded as having the disability.

Physical Impairment

Any physiological disorder or condition, cosmetic disfiguration, or anatomical loss affecting one or more of the following body systems:

Neurological	Musculoskeletal
Special Sense Organs	Respiratory (including speech organs)
Cardiovascular	Reproductive
Digestive	Genitourinary
Hemic and Lymphatic	Skin and Endocrine

Mental Impairment

A mental impairment is defined as any psychological disorder such as a neurological psychological disability, organic brain syndrome, emotional or mental illness and specific learning disabilities.

Major Life Activity

A major life activity is defined as any function such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Admittance to SOWELA

Qualified disabled applicants will not be denied admission solely on the basis of disability. **It is not necessary, nor recommended, that students disclose their disability in the application process.**

Once admitted to the College, students with disabilities requiring accommodation(s) **must** contact DS to request the specific accommodation(s) desired and provide necessary documentation.

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding non-discrimination policies:

EEO/Title IX Officer: Dr. Fitzpatrick Anyanwu, 3820 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, (337) 421-6905 or (800) 256-0483, fitzpatrick.anyanwu@sowela.edu

ADA Officer: Christine Collins, 3850 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, (337) 421-6969 or (800) 256-0483, christine.collins@sowela.edu

Confidentiality

Disability-related documentation is defined as any documentation provided to substantiate the student's disability status and need for accommodations (e.g., psychological, psychoeducational, neuropsychological, or medical evaluations; letters; or other information from physicians or medical records.) Disability-related information is kept confidential, and is not released to anyone outside the accommodations process or the direct chain of command, with the following exceptions: the student gives DS a signed release to share disability-related information with the person(s) named on the release; as DS is required and/or permitted by the law and/or a court order; the student is a direct threat to themselves or others; or a student makes a disability-related allegation, claim, grievance, appeal or disclosure to College attorneys for legal advice to or representation of the College.

Note: Students with disabilities have the right to review their files. This can be arranged by scheduling an appointment with a DS staff member. **DS does not provide copies of documentation.** Upon receipt of student documentation, DS will create a student file. Upon registration, students will be encouraged to maintain a copy of the documentation. Original copies of documentation should be obtained from the originator of the documentation. DS will retain a copy of all information within a student's file for **five (5) years**. Once the student is considered inactive for five years, the file may be destroyed. When a student with a disability requests accommodations, he/she should understand that some disability-related information may be provided on a need-to-know basis to College personnel in order to ensure that the student will receive appropriate accommodations. In most instances, College personnel need to know only what accommodations the student must be provided and that the student has been through the disability documentation review process with DS. Otherwise, College personnel do not have access to information regarding a student's disability.

Educational Access for Students with Disabilities

Faculty Rights and Responsibilities

Please Note: For those students with documented disabilities, faculty does NOT have the right to ask the nature of the disability. However, if students choose to disclose their disability, this information should be treated confidentially.

FACULTY HAS THE RIGHT TO:

Documentation

Request verification of a student's eligibility for any requested accommodations. Such verification will be in the form of a letter written by DS and delivered by the student. *DS is the only office designated to review disability documentation and determine eligibility for appropriate accommodations for students with disabilities. Faculty will not view this documentation.*

Accommodations

Expect the student to initiate accommodation requests. If the student is taking their examinations with DS, expect DS to administer examinations in a secure and monitored environment.

FACULTY HAVE THE REPSONSIBILITY TO:

Accommodations

Identify and establish essential functions, abilities, skills, and knowledge of their courses and evaluate students on this basis. Students with disabilities should meet the same essential course expectations with appropriate accommodations as their peers. DS strongly recommends the essential functions and course expectation information be addressed on the syllabus.

Provide accommodations only to students who are registered with DS. It is NOT your responsibility to provide accommodations to students who are not registered with DS.

Use a syllabus statement and class announcements to invite students to disclose their needs to Disability Services.

Act immediately upon getting a student's request for accommodations by contacting DS (if unsure about a request) or submitting emails sent for student testing accommodations.

Work to ensure that all audio-visual materials used in class are accessible (e.g., that videos shown are captioned for students with hearing impairments and that the equipment used has captioning capabilities, that videos shown will be made with auditory description in some way or that written transcripts will be provided, etc.)

Consider incorporating principles of *Universal Design for Learning* in your teaching.

Confidentiality

Treat and protect all disability-related information as confidential medical information. For example, keep printed items, such as Note Taker Forms, Accommodation Letters from DS or emails regarding student disability-related information in a protected location.

Communication

Clearly communicate your testing procedures with the student and with DS by submitting the Testing Form when requested.

Consult with students with disabilities and DS in providing appropriate accommodations.

Student Rights and Responsibilities

STUDENTS HAVE THE RIGHT TO:

Confidentiality

Expect all disability-related information to be treated confidentially.

Accommodations

Receive appropriate accommodations in a timely manner from faculty and DS. Students should have the opportunity to meet privately with faculty to discuss needed accommodations and any other concerns. **Please keep in mind that DS is the only office designated to review disability-related documentation and determine eligibility for appropriate accommodations for students with disabilities.**

STUDENTS HAVE THE RESPONSIBILITY TO:

Documentation

Provide DS with appropriate documentation of the disability.

Confidentiality

Go to the instructor's office hours or make an appointment with the instructor to facilitate privacy when requesting accommodations.

Accommodations

Initiate request for specific accommodations in a timely manner, preferably earlier in the semester if possible.

Follow procedures with faculty and DS in order to get the appropriate accommodation. A Testing Form must be submitted for every examination to be taken with DS.

Notify faculty/DS immediately when an accommodation is not being provided completely or correctly.

Notify faculty/DS immediately when a decision has been made to *not* use an accommodation or the accommodation is no longer needed.

Provide for own personal living needs or other personal disability-related needs. For example, coordinating services of personal care attendants, transportation or requiring homework assistance are a student's responsibilities and not the responsibility of DS.

Communication

Act as own advocate.

Work with counselors on developing advocacy skills and communicating their specific needs and accommodations to faculty.

DS Rights and Responsibilities

DS HAS THE RIGHT TO:

Documentation

Receive the appropriate documentation from the student prior to the accommodations being initiated.

Accommodations

Expect students and faculty to work cooperatively with DS to facilitate academic accommodations.

Deny unreasonable or inappropriate academic accommodations, adjustments, and/or auxiliary services. Accommodations cannot impose undue hardship to, or fundamentally alter, a program or activity of the College.

Deny academic accommodations/services if appropriate documentation has not been provided.

DS HAS THE RESPONSIBILITY TO:

Documentation

Collect, evaluate, securely store disability documentation and determine eligibility for services in a timely manner.

Confidentiality

Treat and protect all disability-related information as confidential medical information.

Meet with the student privately in an accessible location to discuss disability-related needs.

Accommodations

Administer examinations as directed by faculty through the Testing Form in a secure and monitored environment.

Provide appropriate accommodations in collaboration with faculty and student.

Communication

Communicate procedures clearly to the student and faculty.

Advocacy

Assist student with disabilities in understanding their strengths and functional limitations.

Provide students with self-advocacy training.

Documentation

Documentation from a Qualified Professional

Colleges differ from high schools regarding the first step of providing academic accommodations. When a person with a disability needs an academic accommodation in high school, a team of people is assigned to that student to discuss classroom instructional accommodations. This is not the case with colleges and universities. **Note: An IEP should include an evaluation (evaluation criteria for specific disabilities is included in this section).** The legislation states that to receive services from a college or university, a person with a disability must first disclose their disability to the institution. In most cases, the person should disclose this to Disability Services. The Disability Services office will ask you to bring in documentation regarding your disability. This documentation must be no more than three (3) years old.

The cost of the documentation is the responsibility of the student. If the initial documentation is incomplete or inadequate to determine the extent of the disability and reasonable accommodations, Disability Services has the discretion to require additional and updated documentation. **DS reserves the right to deny services or accommodations pending receipt of documentation.**

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Attention Deficit/Hyperactivity Disorder (often shortened to attention deficit disorder or AD/HD) may make it difficult for a person with this disability to sit calmly and give a task his/her full attention. The services available are designed to aid and encourage college student with AD/HD to achieve success on a college/university campus.

DOCUMENTATION GUIDELINES:

Students with Attention Deficit/Hyperactivity Disorder **must provide** documentation that meets the following criteria:

- Documentation must be **comprehensive and current** (within three (3) years prior to the students request for accommodation(s).)
- Professionals conducting assessments, rendering diagnoses of specific disabilities, and making recommendations for appropriate accommodation(s) must be qualified to do so (e.g., licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional).
- The documentation **must** identify an unequivocal diagnosis of a specific disability.
- The documentation **must** discuss functional limitations caused by the disability in an academic environment or the environment in which the student is requesting accommodation(s).
- The documentation should **recommend accommodation(s)** to compensate for identified functional limitations.
- The documentation should list current medication, dosages, and existing (not possible) side effects.

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Note taking
- Extended time for in-class assignments and examinations
- Examinations in a distraction-reduced environment
- Tape recorded lectures
- Individualized Registration Counseling

DEAF AND HARD OF HEARING

An individual with hearing loss frequently communicates using a combination of strategies that rely on residual auditory ability that may be enhanced by a hearing aid, cochlear implant and/or an assistive-listening device. These strategies are often supplemented through lip reading or other visual means.

Persons who are deaf may have different communication preferences and rely on residual hearing, lip reading, captioning, or perhaps an English-based or American Sign Language.

Available services are designed to provide communication access for deaf and hard of hearing students attending the College.

DOCUMENTATION GUIDELINES

- Documentation of a hearing loss is the basis for providing accommodations.
- The documentation for a hearing loss is typically an audiological evaluation. An audiogram *must* be included in the documentation. An audiological evaluation will indicate the presence of a hearing loss and its scope.

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Individualized Registration Counseling
- Real-time captioning
- Sign language interpreting (ASL, PSE, and signed English)
- Note taking
- Assistive listening devices (ALDs)

DEAF AND HARD OF HEARING STUDENT RESPONSIBILITIES

Communication Facilitator (CF) services involve significant financial expenditures for the College. Students receiving this service must adhere to the following procedures:

- Students with hearing impairments must submit a written request for a CF on the Semester Accommodation Request Form prior to the beginning of the semester.
- If a student is unable to attend class, 24-hour notice to DS is required unless the absence is due to illness or an emergency.
- Students should immediately notify DS in writing if a CF is unsatisfactory (i.e., unsatisfactory ability to sign or caption, tardiness, absenteeism, unprofessional behavior, etc.).
- If a student needs to request a CF for additional College functions (other than normal class times), an Interpreter Request Form must be filled out and returned to DS **at least 24 hours in advance**.

NO SHOW POLICY

If CF services have been requested and the student knows that he/she will be unable to attend class, the student should provide DS with **at least 24 hours advance notice** so that the CF can be informed. In some situations, students may not be able to provide 24 hours' notice, however, any advance notice is appropriate.

Failure to provide any advance notice is considered a "No Show." To give advance notice a student may:

- Contact DS at 337/421-6969 (V) and speak either in person or leave a message (voice only), email DS at ods@sowela.edu.

Failure to provide notice will result in the following actions:

- | | |
|---|--|
| 1. First “no show”: | Formal Warning |
| 2. Second “no show”: | 2 nd Formal Warning |
| 3. Third and subsequent “no show”: | Services will automatically be temporarily placed on hold and a letter or e-mail will be sent to the student informing the student of the policy, appropriate procedures and to inquire if they wish to continue receiving interpreting or captioning services. Services will remain on hold until the student makes an appointment and meets with a Counselor in DS to discuss the situation and inform the Counselor of their wish to continue receiving services. |

EXCEPTION TO THE “NO SHOW” POLICY:

If three (3) or more “no shows” occur within the same two-week period, services will automatically be placed on hold **with no warning** and an e-mail will be sent to the student informing the student of the policy and the appropriate procedures. The services will remain on hold until the student makes an appointment with a DS Counselor to discuss the situation and inform the Counselor of their wish to continue receiving services.

LEARNING DISABILITY

A learning disability (LD) may make it difficult for a person to receive information from his/her senses, process the information and communicate what he/she knows. A LD frequently causes difficulty in reading, writing, and/or mathematics. The services offered by DS are designed to aid and encourage college students with LDs to achieve success on a college/university campus.

DOCUMENTATION GUIDELINES:

The documentation provided must include information that diagnoses a learning disability, describes the functional limitations in an educational setting, includes appropriate testing as outlined in #5 and all standardized scores, and indicates the severity and longevity of the learning disability for the purpose of determining academic adjustment(s) or other accommodations.

The following information is a guide to what must be contained in the documentation:

1. Diagnosis (as diagnosed buy the DSM-IV-TR)
2. Level of severity: Mild, Moderate, Severe
3. Date of Diagnosis
4. Date of Last Contact with Student
5. One of each of the following should be included in the documentation

Diagnostic Interview (including history)

Aptitude – **Suggested tests include:**

- Wechsler Adult Intelligence Scale-IV
- Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence
- Stanford-Binet Intelligence Scale (4th ed.)

Achievement – **Suggested tests include:**

- Scholastic Abilities Test for Adults
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery-Revised: Test of Achievement
- Wechsler Individual Achievement Test
- Information Processing (if applicable)
- Wide Range Achievement Test (WRAT)

The documentation should also contain the following information:

6. Provide a summary of the student's educational, medical, and family history that may relate to the learning disability (must demonstrate the difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction)

7. Describe the symptoms which meet the criteria for the DSM-IV-TR diagnosis with the approximate date of onset
8. Describe the student's functional limitations in an educational setting
9. Please indicate **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at SOWELA

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Individualized Registration Counseling
- Tape recorded lectures
- Note taking
- Extended time on all in-class assignments and examinations
- Examinations in a distraction-reduced environment
- Consideration for spelling or spell-checker
- Reader
- Scribe

SOWELA Technical Community College
3820 Sen. J. Bennett Johnston Ave.
Lake Charles, LA 70615-6829
Phone: (337) 421-6969
Fax: (337) 491-2054

PHYSICAL (MEDICAL) DISABILITIES

Physical and systemic (medical) disabilities include a wide variety of disabilities that have definitive physical causes and significantly impact the physical functioning of the student with the disability, resulting in a substantial limitation of one or more major life activities. Students with *temporary conditions* (i.e., a broken arm, a broken leg, etc.) may also be eligible for services through DS. Services are designed to facilitate access, to promote self-advocacy, and to afford students with physical and systemic disabilities the opportunity to achieve success at SOWELA.

DOCUMENTATION GUIDELINES

Students with physical or systemic disabilities and temporary conditions **should provide** documentation that meets the following criteria:

- The documentation must be **comprehensive and current** (within three (3) years prior the students request for accommodation(s).)
- Professionals conducting assessments, rendering diagnoses of specific disabilities, and making recommendations for appropriate accommodation(s) must be qualified to do so (e.g., physician).
- The documentation **must** identify an unequivocal diagnosis of a specific disability.
- The documentation **must** discuss functional limitations caused by the disability in an academic environment or the environment in which the student is requesting accommodation(s).
- The documentation should **recommend accommodation(s)** compensate for the identified functional limitations.
- The documentation should list current medication, dosages, and existing (not possible) side effects.

Other Physical Disabilities

Students with a wide variety of other physical disabilities, including **temporary condition**, may be eligible to receive services and/or accommodation(s) as long as the physical disability has a definitive physical cause and significantly impacts one or more major life activities that affect the student's academic performance.

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Individualized Registration Counseling
- Extended time on in-class assignments and examinations
- Examinations in a quiet, distraction-reduced environment
- Consideration for absences
- Frequent breaks
- No scantron
- Note taker

PSYCHOLOGICAL DISABILITIES

A psychological disability is a mental impairment that results in a substantial limitation of one or more major life activities. Students with psychological disabilities often struggle with medication issues, anxiety, and other symptoms associated with their diagnosis.

The services are designed to assist and support students with psychological disabilities to achieve their academic goals. Services include disability management counseling, academic accommodations, information/referrals, academic crisis intervention, and advocacy.

DOCUMENTATION GUIDELINES:

- The documentation must be comprehensive and must discuss current problems associated with the diagnosis. The documentation of psychological disabilities provided to DS must be within **six (6) months to one (1) year old** prior to the student's request for accommodation(s).
- Mental Health Professionals conducting assessments, rendering diagnoses of specific psychological disabilities, and making recommendations for appropriate accommodation(s) must be licensed by the state in which they practice (i.e., psychiatrist, psychologist, social worker, medical doctor, privileged licensed professional counselors).
- The documentation **must** identify a diagnosis of a psychological disorder according to the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition, (DSM-TR).
- The documentation **must discuss** functional limitations caused by the disability in an academic environment in which the student is requesting accommodation(s).
- If the disability is managed by medication, the documentation should list current medication, dosages, and existing side effects.
- Updated documentation may be requested as needed.

ACCOMMODATIONS ARE DECIDED ON A CASE-BY-CASE BASIS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- Individualized Registration Counseling
- Extended time on in-class assignments and examinations
- Examinations in a quiet, distraction-reduced environment
- Consideration for absences
- Frequent breaks
- No scantron
- Note taker



Disability Services
ATTENTION DEFICIT/HYPERACTIVITY DISORDER
(AD/HD) DOCUMENTATION REQUEST FORM

****This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.****

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

L#: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the Disability Services due to AD/HD. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, College Policy requires that a Qualified Professional provide current and comprehensive documentation of AD/HD. A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional *who is not a family member of the student*. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that diagnoses the AD/HD, describes the functional limitations in an educational setting, and indicates the severity and longevity of the AD/HD for the purpose of determining academic adjustment(s) or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following and return to SOWELA, Disability Services.

1. Diagnosis (as diagnosed by the DSM-IV): _____

2. If you have a formal evaluation, please attach it.

3. Date of Diagnosis: _____ Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that may relate to AD/HD (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):



Disability Services

LEARNING DISABILITY DOCUMENTATION GUIDELINES

****This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.****

Students requesting accommodations from Disability Services due to a learning disability must provide current and comprehensive documentation of the learning disability be provided from a **Qualified Professional**. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist *who is not a family member of the student*. **IN ORDER TO BE CONSIDERED CURRENT, AN EVALUATION PERFORMED BEFORE AGE 18 MUST HAVE BEEN PERFORMED WITHIN 3 YEARS PRIOR TO THE STUDENT'S REQUEST FOR ACCOMMODATION(S). AN EVALUATION PERFORMED DURING OR AFTER AGE 18 MUST BE NO MORE THAN 5 YEARS OLD.**

The documentation provided must include information that diagnoses a learning disability, describes the functional limitations in an educational setting, includes appropriate testing as outlined in # 5 and all standardized scores, and indicates the severity and longevity of the learning disability for the purpose of determining academic adjustment(s) or other accommodations.

The following information is a guide to what must be contained in the documentation.

1. Diagnosis (**as diagnosed by the DSM-IV**)
2. Level of Severity : Mild Moderate Severe
3. Date of Diagnosis
4. Date of Last Contact with Student
5. One of each of the following **MUST** be included in the documentation.
 - Diagnostic Interview (including history)
 - Aptitude -**Suggested tests include:**
 - Weschler Adult Intelligence Scale-III
 - Woodcock-Johnson Psychoeducational Battery Revised: Test of Cognitive Ability
 - Kaufman Adolescent and Adult Intelligence
 - Stanford-Binet Intelligence Scale (4th ed.)
 - Achievement –**Suggested tests include:**
 - Scholastic Abilities Test for Adults;
 - Stanford Test of Academic Skills
 - Woodcock-Johnson Psychoeducational Battery-Revised: Test of Achievement
 - Wechsler Individual Achievement Test
 - Information Processing (if applicable)
 - Wide Range Achievement Test

The documentation should also contain the following information:

6. Provide a summary of the student's educational, medical, and family history that may relate to the learning disability (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction).
7. Describe the symptoms which meet the criteria for the DSM-IV diagnosis with the approximate date of onset.
8. Describe the student's functional limitations in an educational setting:
9. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at SOWELA?

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Disability Services
SOWELA Technical Community College
3820 Sen. J. Bennett Johnston Ave.
Lake Charles, LA 70615-6829
Phone: (337) 421-6969
Fax: (337) 491-2054



Disability Services
PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY
DOCUMENTATION REQUEST FORM

****This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.****

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

B# : _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, College Policy requires that a Qualified Professional provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional *who is not a family member of the student*. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects which may impact academic performance.

If it is a visual disability the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to SOWELA, Disability Services.

2. Diagnosis _____

3. Date of Diagnosis: _____ Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

5. Describe the student's functional limitations in an educational setting:

6. List current medication along with any current side-effects which may impact academic performance:

7. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at SOWELA as justified based of the functional limitations indicated above.

Please check all that apply: extended time (1.5x) distraction-reduced environment
 alternative test format consideration for absences no scantron class notes
 books on tape enlarged text (font size) reader scribe
 other _____

Qualified Professional's Signature: _____
Printed Name & Title: _____
Daytime Telephone Number: _____
Address: _____
Date: _____

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Compliance Officer, 3820 Sen J Bennett Johnston Ave, Lake Charles, LA 70615, ph: 337-421-6565 or 800-256-0483, Email complianceofficer@sowela.edu



Disability Services
PSYCHOLOGICAL DISABILITY DOCUMENTATION
REQUEST FORM

****This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services.****

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

B#: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, College Policy requires that a Qualified Professional provide current and comprehensive documentation. A qualified professional is a licensed mental health professional *who is not a family member of the student*. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 6 MONTHS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that indicates a diagnosis of a psychological disability (must make a DSM-IV TR diagnosis), describes the functional limitations in an educational setting, indicates the severity and longevity of the psychological disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication and any current side-effects which may impact academic performance.

To facilitate the gathering of such critical information, please respond to the following and return to SOWELA, Disability Services.

1. Diagnosis: _____

2. Date of Diagnosis: _____

3. Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that relates to the psychological disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

5. Describe the student's functional limitations in an educational setting:

6. List current medication along with any current side effects that may impact academic performance:

7. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at SOWELA as justified based of the functional limitations indicated above.

Please check all that apply: extended time (1.5x) distraction-reduced environment
 class notes consideration for absences no scantron
 reader scribe
 other _____

Qualified Professional's Signature: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

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Disclaimer: Accommodations are specifically individualized to each qualifying student's disability as determined by the Disability Services office. No accommodations can fundamentally alter the essential requirements of any course.

ACCOMMODATIONS

Accommodations/Auxiliary Aids and Services

The accommodations/services available to students are based on the individual student's disability-related needs. Accommodations/services include, but are not limited to, the following:

Alternative Format (AF)

AF changes the format of the material to one that allows the student to have access to the material, such as enlarged print etc.

Communication Facilitators (CF)

All captionists and interpreters that provide services at SOWELA are referred to as Communication Facilitators.

- A. Sign Language Interpreters** – Students are able to choose one or a combination of the following modes of communication: ASL, PSE, Signed English, and SEE II. If interpreting services are needed for any college-related events (i.e., instructor meetings, study sessions, tutoring sessions, etc.) other than the regular class schedule, contact Disability Services and submit an Interpreter Request Form at least **24 hours in advance**.
- B. Captionist** – Captionists are trained text-to-speech providers (C-Print Software) who type all verbal information from classes on a laptop computer. All verbal communication between the instructor and the student, including lectures and class discussions, are captioned and will appear on the laptop computer screen. Students who use captioning services may have a copy of the class transcript e-mailed to them. These transcripts cannot be sold, lent or given to any other student. Any violation of the above is grounds for termination of services at the discretion of the Director of Disability Services.

If upon the basis of your disability documentation you are entitled to captioning services, this accommodation does not, and should not replace or substitute for class attendance. Captionists will not be responsible for providing transcripts to you for missed class periods, unless your accommodation is “Consideration for Absences.” This should be discussed with the captionist at the beginning of the semester and is subject to review for approval by the Director of Disability Services.

Consideration for Absences

This is an accommodation that may be given to students who have a disability that may cause them to occasionally miss class. All the essential components of the class must be met regardless of the accommodation. This accommodation is only applicable if class is missed due to a disability-related problem. If students miss class, they are responsible for contacting their faculty member and Disability Services office immediately and making up any missed work as soon as possible. Class attendance is extremely important and while a student may have consideration for absences, too many missed classes will make it difficult to complete course requirements.

Consideration for Spelling

This is an accommodation that allows students not to be penalized for spelling. All essential components of the course must be met regardless of the accommodation. A spell checker may be used in the place of consideration for spelling.

Distraction-reduced Environment

This is an environment in which distractions are minimized while the student is taking his or her examination (i.e., not with the rest of the class.)

Extended Time

In-class Assignments and Examinations – Extended time on in-class assignments and examinations, in most cases, will be equal to time-and-a-half of the usual time allotted for the assignment or examination. Students are required to work out arrangements for extended time on in-class assignments and examinations with their instructors **at least three (3) business days in advance**. If the instructor cannot provide the accommodation, please contact DS.

Out-of-class Assignments – Extended time on out-of assignments will be assessed on a case-by-case basis and for each particular assignment. Students are required to see a DS staff member when there is a need for this accommodation for a specific assignment when the assignment is announced. An additional Semester Accommodation Letter for each specific assignment may be given to the student to give to his/her instructor.

Individualized Registration Counseling

Students with disabilities, registered with DS, are eligible for Individualized Registration Counseling. The purpose of this accommodation is to allow students to select their classes with consideration for medication schedules, other health concerns, or learning styles. **It is the student's responsibility to utilize this option.**

No Scantrons

This accommodation allows the student to write his/her answers directly on the exam.

Note Taker

A note-taker is a person, typically a student in the class, who takes notes and provides them to a student with a disability.

Private Room

Use of a private room provides a testing environment in which the student is the only person in the room except for an exam proctor. Documentation needed to determine private room eligibility.

Readers

A reader is a person who is available to read in-class assignments and exams for students.

Scribes

A person who is available to write for students on in-class assignments and exams is a scribe.

Seizure letters

This letter give the faculty member directions on what to do if the student has a seizure in class.

Tape-recorded textbooks and other alternative formats - DS is not responsible for the acquisition of taped or electronic textbooks for students who have vision, learning and physical disabilities. However, DS will assist students with obtaining these materials if verification is required by the publisher.

REASONABLE ACADEMIC ACCOMMODATIONS

CLASSROOM ACCOMMODATIONS

Adaptive Furniture

Assistive Listening Devices

Captionist

Consideration for Absences

Sign Language Interpreter

Use of Computer or Adaptive Technology

Note Taker

TESTING ACCOMMODATIONS

Enlarged Tests

Consideration for Spellings

Scribe

Distraction-reduced Environment

Extended Time

No Scantrons

Reader

Procedure for Enrolling with Disability Services

Documentation: After completing the SOWELA enrollment process, bring documentation from your doctor/therapist to DS. **Note: An IEP should include an evaluation (see documentation guidelines for further details).** Students should drop off a copy of their documentation for review in the DS office. Students will be contacted within 1 to 2 business days to schedule an appointment with a DS Counselor. At this time students will fill out an application, discuss disability-related needs and complete a Semester Accommodation Request Form. The Counselor will also review all policies and procedures for the office.

Students may request academic accommodation(s), but the College is not required to provide the specific accommodation requested, if another accommodation is reasonable and effective. A student is required to submit "Documentation of Disability" before the initial application for services. **Documentation must specifically support the need for any accommodations requested.** No accommodations will be given without appropriate documentation. If another evaluation is obtained after the initial intake or the disability has changed in some way, specifically worsened and limitations have increased, further documentation must be presented to DS. All accommodations are decided on a case-by-case basis and are subject to change if disability-based needs change. Disability Services is not responsible for reevaluation expenses.

Accommodations are NOT retroactive.

Accommodation Implementation: Students are responsible for deciding how they will use accommodations.

Students must submit a Semester Accommodation Request Form every semester to receive services through Disability Services. Students will receive accommodation letters based on the agreed upon accommodation set forth in the intake meeting with a DS Counselor. Accommodation letters are sent to all students via their SOWELA student email address. Students are responsible for distributing their Accommodation Letters to their instructors. DS will not mail letters to Instructors.

Voter Registration: The Office of Disability Services provides assistance with completing and submitting the voter's registration application to students with disabilities on an ongoing basis. We are to report the number of applications, renewals, re-certifications, and change of address forms submitted by students with disabilities that come to our office. Declaration forms **MUST BE** completed or notes made when the student submits their application for services.

Procedure Orientation: DS personnel provide a demonstration of procedures for accessing accommodations to ensure student success.

Retention: All students must fill out a Semester Request Form every semester to remain in the DS program.

For each subsequent semester it is always best to request accommodations at the beginning of the semester. **No Accommodation Letters will be given out the last week of classes or final exam week, unless it is requested by the Instructor. Special circumstances will be taken into consideration.** The instructor must legally give the student a reasonable accommodation, only if the Instructor receives the letter in a reasonable amount of time before the test. This is typically three (3) days prior to the exam date.

Testing Procedures: Students are required to request examinations through DS at least three (3) business days prior to the examination date through email to ods@sowela.edu. Students are also required to provide

a **Testing Form** to their instructors for each exam to be taken with DS at least three (3) business days prior to the examination date. The Testing Form is available on SOWELA/Disability Services website.

Note: The three (3) days notice is to ensure that all accommodation needs can be met and all exams have been received.

Confidentiality: Students do not need to disclose the nature of their disability to their Instructor in order to access accommodations.

Specialized Services: Specialized testing services such as reader, captionist, interpreter etc. should be indicated on the accommodation request form. Students must request these services three (3) business days before they are needed.

**Students who would like to enroll with/receive accommodation(s) from DS must complete the two forms displayed on the following pages.*



Office of Disability Services Application for Services

Name: _____ L#: _____

Local Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone Number: _____ SOWELA E-mail: _____

Disability: _____ Date of Birth: _____

How did you hear about Disability Services? _____

Are you registered with Louisiana Rehabilitation Services (LRS) Yes No

If yes, who is your LRS Counselor? _____

What accommodations are you requesting? _____

The Family Educational Rights and Privacy Act of 1974 (FERPA) guarantees that the academic records for students over 18 years old cannot be discussed with anyone except the student or authorized University personnel. You, the student, can waive confidentiality. This waiver will expire after this session.

Did you come with someone today? Yes No If yes, name: _____

If YES, are you (the student) giving consent to discuss your needs with them present for today? Yes No

I UNDERSTAND THAT I AM NOT OFFICIALLY REGISTERED WITH DISABILITY SERVICES UNTIL I HAVE MET WITH A DISABILITY SERVICES COUNSELOR AND ACCOMMODATIONS HAVE BEEN APPROVED.

I acknowledge that the Office of Disability Services Student Handbook is available to me online. I understand that it is my responsibility to adhere to the procedures as outlined in the Handbook.

Signature _____

Date _____

The following person has been designated to handle inquiries regarding the non-discrimination policies: EEO/Title IX Officer: Dr. Fitzpatrick Anyanwu, 3820 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, (337) 421-6905 or (800) 256-0483, fitzpatrick.anyanwu@sowela.edu; ADA Officer: Christine Collins, 3850 Sen. J. Bennett Johnston Ave., Lake Charles, LA 70615, (337) 421-6969 or (800) 256-0483, christine.collins@sowela.edu

**STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM**

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check one)**

I want to register to vote.

I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
(Check one)**

Yes, I would like help.

No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact the Registrars of Voters Office at (337) 721-4000.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to the Calcasieu Parish Registrar of Voters, 1000 Ryan Street, Rm 7, Lake Charles, LA 70601.

Signature or Mark	Name Typed or Printed	Date
--------------------------	------------------------------	-------------

Signatures of Two Witnesses If Signed With Mark:

1) _____ 2) _____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):



Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →
QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY: **WD:** _____ **PCT:** _____ **REG. TYPE:** _____ **IN/OUT:** _____ **REG #** _____

Please print clearly in ink, preferably black.

Reason for Application: New Voter Registration Updating Voter Registration

Eligibility 1. Are you a citizen of the United States of America? Yes No
 Will you be 18 years of age on or before election day? Yes No
 If you answered "No" to these questions, do not complete this form. You are not eligible to vote at this time.

Name 2. LAST NAME: _____ FIRST NAME: _____
 FULL MIDDLE OR MAIDEN NAME: _____ SUFFIX (Sr., Jr., II) _____

Residence Address (Where you live and claim homestead exemption, if any)
 HOUSE # & STREET (NO P.O. BOX): _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE LA ZIP CODE: _____
Give Location (If Necessary)

Mailing Address (If different from Residence Address)
 3. Check if no postal service at your residence address above and supply mailing address here.
 HOUSE # & STREET/P.O. BOX: _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

Birthdate 4. MM / DD / YYYY 5. *SSN XXX - XX - XXXX 6. Sex M F 7. Race (Optional) WHITE BLACK ASIAN HISPANIC AMERICAN INDIAN OTHER _____

Party Affiliation 8. DEM GRN IND LBT REP NO PARTY OTHER (Specify) _____
Place of Birth 9. CITY/TOWN: _____ STATE: _____
 PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name 10. _____ 11. Email (Optional) _____ 12. Phone (Optional) Home: (____) _____ - _____ Other: (____) _____ - _____

LA DL/ID Card # 13. _____ I do not have a LA DL/ID card 14. Do you need assistance in voting? No Yes, Reason: _____

Place of Last Residence 15. HOUSE # & STREET: _____ CITY: _____ STATE: _____
Place of Last Registration 16. STATE: _____ PARISH/COUNTY: _____
Former Registered Name, if any 17. _____

Affirmation and Signature (read and sign or make your mark)
 18. I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.
 Applicant Signature: _____ Date: _____

Witnesses (If your signature is a mark, you must have two witnesses sign)
 19. Witness #1 Signature: _____ Witness #1 Print Name: _____
 Witness #2 Signature: _____ Witness #2 Print Name: _____

* Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.

Note: If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY
 New Registration Updated Registration: Address Change Name Change Party Change Change to Assistance in Voting
 REMARKS: _____
 CIRCLE ONE: PA MV RG SDA SS (Disability) Received by: _____ Date: _____



Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

APPLICATION INSTRUCTIONS

USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO: 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

TO REGISTER AND BE ELIGIBLE TO VOTE AN APPLICANT MUST: 1) be a U.S. citizen; 2) be 17 years old (16 years old if registering to vote in person at the Registrar's Office or the Office of Motor Vehicles), but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony; 4) not be under a judgment of full or limited interdiction where your right to vote has been suspended; 5) reside in the state and parish in which you seek to register and vote.

Instructions: the grey section numbers on this page correspond to the grey section numbers on the application.

Reason for Application: Check "New Voter Registration", if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration", if you are making any change to your present registration. If new registration, fill out the form completely.

1. *Eligibility* - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you answered "No" to these questions, do not complete this application form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.
2. *Name* - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name".*
3. *Residence Address* - "Residence Address" means the address (Number, Street, City, State and Zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school while attending. Do not use a post office box for your "Residence Address". If you use a rural route and box number, you may draw a map in box labeled "Give Location" to provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores or landmarks near residence and write the name of the landmark.
Mailing Address - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (Number, Street, City, State and Zip). Otherwise a mailing address may be provided and you may use a Post Office Box for a mailing address.
4. *Birthdate* - Print your date of birth. The month and day of your birth remains confidential by law.
5. *Social Security Number* - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number, you **must** attach either one or more documents to prove your identity, residence and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN number remains confidential and is only used for registration purposes.*
6. *Sex* - Check male or female (*for statistical purposes only*).
7. *Race* - Race/Ethnic origin is optional (*for statistical purposes only*).
8. *Party Affiliation* - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, Libertarian or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party you wish to affiliate. If you do not want to register with a political party affiliation check "No Party", or if you do not complete this section, your party affiliation will be listed as "no party". If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.
9. *Place of Birth* - Print the city/town, parish/county, state and country of your birth place (*for statistical purposes only*).
10. *Mother's Maiden Name* - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".
11. *Email* - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*
12. *Phone* - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*
13. *LA DL/ID Card #* - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card". *This ID number remains confidential and is for official use only.*
14. *Assistance in Voting Needed?* - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes", write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.
15. *Place of Last Residence* - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".
16. *Place of Last Registration* - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application. **Important:** *Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.*
17. *Former Registered Name* - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.
18. *Affirmation and Signature* - Read the affirmation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are affirming and that they meet the requirements to register to vote.*
19. *Witnesses* - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid.

Mailing Instructions - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at www.geauxvote.com or by calling the toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote.

Online Voter Registration - Voter registration is also available at www.geauxvote.com and you may register online before the 20th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.



Disability Services Semester Accommodation Request Form

Semester Accommodations being requested: Fall Spring Summer Mid-Semester 20__

Name: _____ Date: _____

Student ID# _____

Address: _____ Zip Code: _____

Telephone: _____ Cell: _____ STCC E-mail: _____

Disability: _____

In case of Emergency, who may we contact? Name _____ Phone: _____

Did you receive accommodations last semester? Yes No

Are you planning to return next semester? Yes No

If transferring, where are you going? _____

National Voter Registration Act: If you require assistances re-certifying, renewing, or changing your address please check one:

Yes No

Student Agreement

- I understand the responsibility for obtaining reasonable accommodations in the classroom is mine.
- I understand if I am requesting new accommodations, I must meet with my DS Counselor prior to having these accommodations approved.
- I understand my accommodation letters will be emailed to my SOWELA student email address.
- I understand that accommodation letters should be given to my instructor at the beginning of the semester. Letters **must** be given to instructor prior to receiving accommodations. (**ACCOMMODATIONS ARE NOT RETROACTIVE.**)
- I understand that if I am testing in the Disability Services, a completed testing form signed by myself and my instructor must be submitted to the Disability Services three (3) days prior to each exam. I also understand that during finals, I am encouraged to have the testing request forms submitted at least one (1) week in advance.
- I understand that I am responsible for following the Disability Services policies and procedures outlined in the Disability Services Student Handbook and that failure to comply with these policies and procedures may result in my not receiving accommodations.
- I understand that if I request note taking services through the Disability Services, my e-mail address will be posted in the Note Taker Packet. (If this is a problem, please speak with your DS Counselor.)

I agree to and understand the conditions stated above.

Student's Signature: _____ Date: _____

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Steps for Receiving Accommodations

At the beginning of each subsequent semester, students must request accommodations for that semester. This can be done by filling out a **Semester Accommodation Request Form**.

Students will receive accommodation letters based on in-take interview. Letter will be emailed to the student's SOWELA email address. Students are responsible for distributing their Accommodation Letters to their Instructors. DS will not mail letters to Instructors.

For each subsequent semester it is always best to request accommodations at the beginning of the semester. **No Accommodation Letters will be given out the last week of classes or final exam week.** The Instructor should be given advance notice of at least three (3) business days prior to the exam date in order to administer reasonable accommodations.

Receiving accommodations should not be regarded as giving the student special privileges, but rather as minimizing the impact of the disability to the greatest extent possible. It is important to remember that the instructor expects the same academic performance from disabled students as the other students. The ADA and Section 504 did not intend that institutions pass students as a result of their disability. Disabled Students must adhere to the same codes of conduct required by the College for all students.

Services for International Students with Disabilities

International students are entitled to the same protection from nondiscrimination on the basis of disability as are U.S. citizens. Section 504 states the prohibition of discrimination covers any otherwise qualified person with a disability in the United States. Section 504 does not state the student has to be a citizen of the United States. However, students do not qualify for services because English is their second language.

Audited Classes

The legislation states any student with a disability is eligible for services if the institution receives federal assistance. Therefore, audited classes are no different than classes taken for credit.

Personal Services such as Personal Care Attendants (PCA)

The legislation indicates universities/colleges are not responsible to provide PCA's, readers for personal use or study, or other personal devices, transportation or services unrelated to the student's education.

Testing Procedures

Note: Students **must** give a copy of their Accommodation Letter to their instructor before testing accommodations can be utilized.

1. An email must be sent to osd@sowela.edu to request a testing time with DS at least three (3) business days prior to the examination date. This email should include: Your Name, B #, Instructor's Name, Date and time of test and Course Name.
2. Students must provide their Instructor with a **Testing Form** at least three (3) business days prior to the examination date. The Instructor will turn in this form along with a copy of the exam to DS.
3. Students must show up to DS on time the day of the scheduled examination. If you are more than fifteen (15) minutes late, your Instructor will need to be contacted for permission to administer the examination.
4. Students must leave all materials not required for their examination in the DS office. This includes personal items such as: purses, cellular phones, mp3 players, etc.

Testing Room Procedures for Students

Before entering the Testing Center

1. Turn off cell phones and place in your backpack
2. Take bathroom and/or water break **before** beginning testing.
3. Make certain that you have all necessary testing supplies in hand including paper, pen/pencil, calculator, Blue Book and any other needed materials. DS will check Blue Books and calculators.
4. Be very quiet when entering the Testing Center.
5. Work quietly.
6. Give completed examination to test monitor or place in the assigned box in the monitor's office.
7. **Remember: If you leave the Testing Center room for any reason, your test is over.**

Extended-Time Allotments for Examinations – extended time allotments are determined on a case-by-case basis

MWF Classes

50 minute class

Extended time is 25 additional minutes

Total time for exam: 1 hour 15 minutes

Double time is 50 additional minutes

Total time for exam: 1 hour 40 minutes

TR Classes

75 minute class

Extended time is 37.5 additional minutes

Total time for exam: 1 hour 52 minutes

Double time is 75 additional minutes

Total time for exam: 2 hours 30 minutes

Note: All time allotments may change according to how much time the Instructor indicates the class will receive.

Grievance and Appeal Procedures

Accommodation Disagreement Procedures

Any student who disagrees with the academic accommodations being presented should speak to the Director of Disability Services. Express your concerns and be prepared to offer alternative solutions. Remember that SOWELA has to provide appropriate academic accommodations, but if the institution can provide you with an auxiliary aid that is equally as effective as the one being requested and less expensive, the community college is not required to provide the more expensive one.

Example: The institution does not have to buy the biggest and best computer and printer if a system is already available which would be just as effective. If, after the intervention from Disability Services, there is not satisfaction on the part of the student regarding the proposed accommodation or the provision of an accommodation, the student may file a formal grievance. The procedures can be found in the SOWELA Student Handbook under *Student Discrimination Grievance Policy*.

Grievances with Other SOWELA Departments or Services

It is the practice of the Disability Services that issues concerning accommodations of students with disabilities in academic and other programs and activities be resolved between the student requesting the accommodation and the SOWELA employee representing the department within which the academic program or service is located. If the student feels that all efforts to resolve the issue have proven unsuccessful, he/she may file a formal grievance. The SOWELA's Policy on Persons with Disabilities includes the process for filing a formal grievance.

Students with disabilities are responsible for contacting Disability Services, if reasonable accommodations are not implemented in an effective and timely manner. Disability Services will work with SOWELA personnel and the students to resolve disagreements regarding recommended accommodations.

Conflict resolution should be attempted at the lowest level possible. Faculty members and students with disabilities should first consult with the Director for Disability Services when accommodation-related concerns arise.

Faculty members who question the legitimacy of an accommodation recommended by DS should continue to afford the accommodation to the student while the appeals procedures are implemented.

Complaints alleging that a qualified individual with a disability has been excluded from participation in, been denied the benefits of, or otherwise has been subjected to discrimination in employment or program activities may be filed under any of the following grievance procedures as appropriate:

Students – Academic Appeals policy or other student complaint procedures

Faculty – Faculty Grievance Procedures as outlined in the *Faculty Handbook*

The following procedures will be used for all complaints or grievances alleging violations of the ADA or Section 504 (taken with permission directly from University of New Orleans' Grievance/Complaint Procedures for Persons with Disabilities):

*All complaints alleging violation of the ADA or Section 504 must be made in writing to the appropriate department within sixty (60) calendar days of the alleged violation or claim of failure to provide reasonable accommodation(s). The written complaint must specify the time, place, and nature of the act claimed to be in violation and may be supplemented by supporting documents and/or affidavits from persons having firsthand knowledge of the

facts. A student complaint must be filled within thirty (30) school days of the beginning of the first term in which enrolled, following that in which the alleged violation occurred.

*The appropriate department will investigate all pertinent facts and circumstances in support of the alleged violation within twenty (20) working days or receipt of the complaint, to include review and verification of all documentation and testimony by involved and/or knowledgeable parties.

*The investigating department may attempt resolution of a complaint through mutual agreement of the affected parties at any point during the course of the investigation. Should such resolution be achieved, the investigation shall be ended. The terms and conditions of the resolution agreement shall be issued to the charging party and the appropriate administrator of the party or department charged within ten (10) working days for review and signatures.

*Where resolution through mutual agreement is not achieved, written findings from the investigation regarding probable cause, along with a recommendation for resolving the complaint, shall be forwarded simultaneously to the charging party, the responsible administrator, the charged department, and the Director of Disability Services immediately upon completion of the investigation.

*The responsible administrator shall take final action on the recommendation with ten (10) working days after receipt of the recommendation. Consultation will be provided by the college's ADA Compliance Officer.

*Either party may appeal the findings of the investigating department to the Chancellor (or the Chancellor's designee) by filing a request for a review of a complaint alleging discrimination on the basis of disability or failure to provide reasonable accommodation within ten (10) calendar days of receipt of the finding.

*Within seven (7) calendar days of receipt of the initial findings, the Chancellor may render a final decision on the complaint or choose to employ the hearing panel to review the appeal. If the hearing panel is employed, there is a three to five-member hearing panel (already appointed) to review the case. The hearing panel will conduct a hearing, consider evidence (and testimony if necessary), in justification of the appeal, and render its decision within twenty-one (21) days of the appointment. The Chancellor may accept, reject or modify the decision of the review panel.

*Upon final resolution of a complaint, copies of records will be forwarded to and maintained by DS. All records relating to complaints of failure to provide reasonable accommodations are evaluative in nature and all medical information contained in complaint records shall be deemed confidential. (If the hearing panel is brought in to review a case, it is at this point that the documentation can be disclosed to the panel.)

*A complainant with a disability who believes that his or her grievance has not been handled appropriately should bring this to the attention of the Director of Disability Services

*If the issue cannot be resolved at the college level, you may contact the Office of Civil Rights or the Department of Justice. File complaints under Section 504 of the Rehabilitation Act with the Office of Civil Rights of the U.S. Department of Education (OCR), or those under Titles II or III of the ADA with the Department of Justice. If unsure, file with the Department of Justice, who will refer the complaint to the appropriate agency. *The SOWELA Technical Community College grievance procedures must be

followed prior to contacting any outside agency.

Financial Assistance

Disability Services does not give tuition scholarships or financial aid based on disability. You should contact the Financial Aid for financial assistance.

Frequently Asked Questions

1. Where is Disability Services located?

Disability Services is located in the Magnolia Building.

2. If I am not a Vocational Rehabilitation client, can you help me?

Yes.

3. Does DS test for Learning Disabilities and Attention Deficit Disorders?

No. We maintain a list of resources for this service that may be obtained from the Disability Service office.

4. I have AD/HD. What services are available to me at DS?

All the services provided by DS are determined on an individual basis. Consideration is given to your needs based on the documentation regarding your disability.

5. What are accommodations and how do I receive them?

Accommodations are modifications or changes to limit the impact of a person's disability. In order to receive accommodations, you must request them and provide documentation of your disability and how it impacts you in the academic environment.

6. If I register for accommodations, who will have access to my documentation?

DS staff will have access to your documentation but your disability records are confidential.

7. What services are available for students with psychological disabilities?

Services include disability management counseling, academic accommodations, information/referral, academic crisis intervention and advocacy.

8. If I have consideration for absences, does that mean I don't have to attend class?

No. Class attendance is extremely important and may be considered an essential component of the course or program. This accommodation only applies if a class is missed for disability-related reasons. If you miss class, you are responsible for contacting your instructor immediately and making up any missed work as soon as possible.

9. Does DS provide tutoring?

No. Free tutoring is offered through the Student Success Department.

10. Who is responsible for getting the documentation I need to apply for services?

You are responsible for getting the appropriate documentation to a DS staff member. A DS staff member may assist you in facilitating this process. However, you must follow up with your provider. All related costs incurred are your responsibility.

11. I have a medical condition. Is that considered a disability?

If you have a medical condition, you may be eligible for accommodations if the condition results in a functional limitation in a major life activity.

12. Will my transcript indicate that I received accommodations?

No. Your disability records are confidential and are not part of your SOWELA transcript.

13. If my doctor makes accommodation recommendations, will I receive those accommodations?

While recommendations are considered when determining reasonable accommodations, they are not mandatory. Your doctor makes these recommendations to aid in accommodation determination.

14. Do I have to complete a Semester Accommodation Request Form every semester?

Yes. In order to receive accommodations, you must complete a Semester Accommodation Request Form every semester. It is recommended that the form be completed within the first three (3) days of class.

15. Are accommodations retroactive?

No. Accommodations are not retroactive. Accommodations for otherwise qualified students with disabilities do not take effect until you have completed the registration process with DS and have provided the Instructor with your Semester Accommodation Letter. You must give your Instructor at least three (3) business days notice before use of an accommodation. DS cannot require the Instructor or anyone else to make changes in grades for assignments/examinations given prior to notification of accommodations.

16. How do I request an interpreter or captionist for my classes?

Complete a Semester Accommodation Request Form requesting services for your classes at least two (2) weeks prior to the beginning of the semester.

17. How do I request an interpreter or captionist for out of class meetings such as tutoring, review sessions, or meeting with faculty members?

Complete an Interpreter Request Form and return it to Disability Services.

18. Why does my interpreter/captionist leave when I am late for class?

Interpreters and captionist are required to wait 10 minutes after the beginning of class. If you do not arrive prior to the interpreter or captionist leaving, you will receive a “no show” for that class.

National Resources

United States Access Board

1331 F Street, NW, Suite 1000
Washington, DC 20004 - 1111
800.872.2253 (V)
800.993.2822 (TTY)

Equal Employment Opportunity Commission

131 M Street, NE
Washington, DC 20507
800.669.4000 (V)
800.669.6820 (TTY)

Job Accommodation Network (JAN)

West Virginia University
P.O. Box 6080
Morgantown, West Virginia 26506-6080
800.526.7234 (V)
877.781.9403 (TTY)
Web: www.askjan.org

Office on the ADA

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section – NYA
Washington, DC 20530
800/514-0301 (V)
800/514-0383 (TTY)

Department of Transportation

1200 New Jersey Ave, SE
Washington, DC 20590
855.368.4200 (V)
800.877.8339 (TTY)

Federal Communications Commission (FCC)

445 12th Street, SW
Washington, DC 20554
888.225.5322 (V)
888.835.5322 (TTY)

Office of Civil Rights of the U.S. Department of Education (OCR)

Dallas Office
Office for Civil Rights
U.S. Department of Education
1999 Bryan Street, Suite 1620
Dallas, Texas 75201 - 6810
214.661.9600 (V)
877.521.2172 (TTY)
E-mail: OCR.Dallas@ed.gov

The ADA Project

2323 S. Shepherd, Suite 1000
Houston, Texas 77019
800.949.4232

Websites

National Association for the Deaf..... www.nad.org
Association on Higher Education and Disability..... www.ahead.org
International Dyslexia Association..... www.interdys.org
National Mental Health Association..... www.nmha.org
Learning Ally (formerly Recording for the Blind and Dyslexic)..... www.learningally.org
Children & Adults with AD/HD..... www.chadd.org