

Accommodative Services Confidential Registration Form



Under Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (and all amendments) and the NYS Human Rights Law, Jefferson Community College is mandated to make reasonable accommodations for otherwise qualified students with disabilities. Accommodations are determined on a case-by-case basis by the Disability Specialist.

To receive accommodations/services, qualifying documentation of a disability is required. To access accommodations/services, individuals must initiate a request (as outlined below) for specific accommodations/services. The earlier individuals request accommodations/services, the more effective the College can be in facilitating the appropriate support.

- Accommodations are not retroactive; it is best to request accommodations before a problem arises.
- Requesting accommodations does not guarantee their approval. Final determination will be made by the Disability Specialist and based upon the documentation received.

Students with disabilities are ensured that written records will be kept confidential and made available only to the Disability Specialist and/or designee. The Family Educational Rights and Privacy Act (FERPA) of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protect the confidentiality of student medical and disability records. Once submitted, disability-related information becomes the property of Jefferson Community College and is kept in separate files with limited access. FERPA protects a student's record from being shared (without the student's permission) with faculty, administrators, other students, the press, or anyone without a legitimate, educational reason. The student must complete an Accommodative Services Release form. If consent is given by the student, only the diagnosis will be shared, not the documentation. In order for parents or legal guardians to speak with the Disability Specialist regarding any information on the student (grades, services, attendance, documentation needs, etc.); the student must complete a release of information form.

Personal Information

Name: _____ Date: _____

Maiden/Previous Last name if applicable: _____ Date of birth: ____/____/____

SSN: _____ - _____ - _____ J Number: _____

Gender: _____ M _____ F _____ Other Are you a Veteran? ____ Yes ____ No

Mailing address: _____

City _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Email: _____

Emergency contact: _____

Relationship to you: _____ Phone # _____

Ethnicity:

____ Asian ____ African-American ____ Hispanic ____ American Indian ____ Caucasian

____ Non-resident ____ Other ____ I choose not to answer

Academic Information

What type of High School Diploma do you have?

____ Regents ____ Local ____ High School Equivalency ____ Do not have one

Did you receive accommodations in High School (Resource room, IEP 504 Plan)? ____ Yes ____ No

If yes, what accommodations did you receive in High School?

Student Status: _____ Currently enrolled student

____ Prospective student for ____ Fall ____ Spring ____ Summer ____ Year

____ Transfer student

If you transferred from another post-secondary institution, did you utilize the services there? ____ Yes ____ No

If yes, please complete the following:

Name of Institution: _____

Services received :

Degree program: _____

Career goal (s): _____

Do you receive assistance from ACCES-VR? ____ Yes ____ No

Disability Information:

What is the nature of your disability? Please check all that apply and have documentation to support.

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability (1) | <input type="checkbox"/> Visually Impaired (2) |
| <input type="checkbox"/> Visually Impaired-legally blind (2a) | <input type="checkbox"/> Hearing Impaired (3) |
| <input type="checkbox"/> Hearing Impaired-legally deaf (3a) | <input type="checkbox"/> Chronic Illness (4) |
| <input type="checkbox"/> Mobility Impaired- no device (5) | <input type="checkbox"/> Mobility Impaired-wheelchair (5a) |
| <input type="checkbox"/> Mobility Impaired- assistive device (5b) | <input type="checkbox"/> Multiple Disabilities (6) |
| <input type="checkbox"/> ADD/ADHD (7) | <input type="checkbox"/> Psychological Disability (8) |
| <input type="checkbox"/> TBI (9) | <input type="checkbox"/> Other Physical Impairment (10) |
| <input type="checkbox"/> Historically Accommodated (11) | <input type="checkbox"/> Accommodation Per Admin. Waiver (12) |
| <input type="checkbox"/> Autism Spectrum Disorder (14/15) | <input type="checkbox"/> Speech/Language (16) |
| <input type="checkbox"/> Alcohol/Substance Abuse (17) | <input type="checkbox"/> Temporary Disability (18) |
| <input type="checkbox"/> Other (please explain below) | |
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In your own words please describe your disability and check any of the major life activities that your disability affects.

Major life activities are defined by the ADA and are listed below. Your disability has to affect one or more life activities to qualify as a disability under the ADA and to receive services. Please check all that apply to your disability.

Major life activities:

- | | | | | |
|---|--|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Seeing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Reading | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Communicating | <input type="checkbox"/> Working | <input type="checkbox"/> Operation of a major bodily function | |

What was your age when you were diagnosed? _____

Who diagnosed you? _____

Do you have qualified documentation to support the diagnosis? _____ Yes _____ No

For information on qualified documentation please visit <http://www.sunyjefferson.edu/about-jcc/college-directory/college-departments/learning-skills/accommodative-services/guidelines> .

What services/accommodations are you requesting?***

- Alternate Text Calculator/math tables Class notes (Notetaker)
- Extended time for exams/quizzes Interpreting services Modified equipment (explain below)
- Oral recitation of an exam/quiz Separate location to take exams
- Separate location to take exams (alone space) Braille
- Kurzweil Scribe Digitally record lectures/labs
- Text enlargement Word Processor Preferential Seating
- Breaks during class/test Speech to text software Food/Drink allowed
- Fidget apparatus Livescribe pen Use of laptop during class
- FM System Bring an Aide to class (student's responsibility)
- Service animal (not legally required to register with the Accommodative Services Office)
- Other (please specify):

If you marked modified equipment please explain:

*****Accommodation(s) that are being requested must be supported with qualifying documentation. Requesting an accommodation does not guarantee that accommodation.**

Residential/Dining

Are you going to be living on campus? _____ Yes _____ No

If you marked yes to living on campus, have you filled out a Residence Hall application? _____ Yes _____ No

And, have you submitted your deposit for living in the Residence Halls? ___Yes ___No

Do you require accommodations/services for the Residence Halls and/or dining facility? * ___Yes ___No

*You may be required to provide additional qualifying documentation to support your residential/dining request.

If you marked yes, a separate packet will be mailed to you about Residence Hall/Dining accommodations/services.

I certify to the best of my ability, that all of the information completed on this form is correct and the most up to date.

Date

Signature

Print your Name

Jefferson Community College is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs, and activities, without regard to an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction. Employees, students, applicants or other members of the College community (including but not limited to vendors, visitors, and guests) may not be subjected to harassment that is prohibited by law, or treated adversely or retaliated against based upon a protected characteristic.

All employees, students, visitors and vendors share in the responsibility for ensuring a work and educational environment free from prohibited discrimination and harassment. Individuals responsible for or participating in, campus activities will refrain from, and are encouraged to report any inappropriate conduct that may give rise to a claim of harassment or discrimination.

The College's policy is in accordance with federal and state laws and regulations prohibiting discrimination and harassment. These laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act of 1964 as Amended by the Equal Employment Opportunity Act of 1972, and the New York State Human Rights Law. These laws prohibit discrimination and harassment, including sexual harassment and sexual violence.

Inquiries regarding the application of Title IX and other laws, regulations and policies prohibiting discrimination may be directed to AAO Officer at (315)786-2200. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email OCR.NewYork@ecl.gov.

ACCOMMODATIVE SERVICES RELEASE OF INFORMATION- PLEASE READ CAREFULLY

Your signature below gives the Accommodative Services Office permission to disclose information regarding your disability/disabilities to appropriate college personnel and affiliated agencies for the purpose of determining and arranging accommodations and those services necessary for meeting educational needs.

I understand that I am responsible for submitting current documentation specific to my disability/disabilities. Upon receipt and consideration of such documentation, accommodations/services will be determined and discussed during an interview with the Disability Specialist and/or designee. In addition I understand that provision of these accommodations/services may involve disclosing disability record information provided by me to appropriate college personnel participating in the accommodation process.*

DOCUMENTATION RECEIVED IS PROPERTY OF THE ACCOMMODATIVE SERVICES OFFICE AT JEFFERSON COMMUNITY COLLEGE.

Student's Signature: _____ Date: _____

*This release covers Accommodative Services **ONLY**. It does not cover a release for other College offices.

PLEASE MAIL OR RETURN THIS FORM TO (DO NOT FAX THIS FORM!):

**The Accommodative Services Office- Rm. 15-116
Jefferson Community College
1220 Coffeen St.
Watertown, NY 13601**

If you have questions or concerns please call or email, Tanya Hoistion, Disability Specialist at 315-786-2335 or thoistion@sunyjefferson.edu .

For Office Use Only:

Form received by: _____ Date Received: _____

Approved Denied More information requested Documentation received (date: _____)

Initial Meeting Contact meeting Intake meeting