**Student Accessibility Services Application**

In order to be eligible for Student Accessibility Services (SAS) at IRSC and to receive accommodations, submit the items below at your earliest convenience. For more information, visit [**www.irsc.edu**](http://www.irsc.edu)**.** Click on **Students** and then on **Student Accessibility**.

1. **Provide documentation relative to your diagnosis and accessibility/accommodation needs. Diagnostic and documentation guidelines are outlined on pages 2-3.**
2. **Complete the Accommodations Available to Students with Disabilities Form by checking requested accommodations and/or services page 4.**
3. **Complete Student Accessibility Services Identification Form on page 5.**
4. **Read and sign Student Accessibility Services Agreement of Services Form on page 6.**
5. **Complete the Voter Registration Preference Form on page 7. Checking yes or no will not impact your eligibility for services or accommodations through SAS.**

Sincerely,

|  |  |
| --- | --- |
| Elizabeth R. Costello  Counselor  Main Campus  772-462-7782  ecostell@irsc.edu | Jacquelene N. Burke  Advisor  Main Campus  772-462-7808  jburke@irsc.edu |

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| --- | --- | --- | --- |
| Leslie A. Simpson  Counselor  Mueller Campus | Annie Galland  Counselor  Pruitt Campus | Janine Merriman  Counselor  Dixon Hendry Campus | C. Leigh Chappell  Counselor  Chastain Campus |

**For Office Use Only**

**SAS Counselor/Advisor Date Received**

3209 Virginia Avenue • Fort Pierce, Florida 34981-5596 • Ph: 1-866-792-4772 • www.irsc.edu

Fort Pierce • Okeechobee • Port St. Lucie • Stuart • Vero Beach

**NATURE OF DISABILITY AND REQUIRED DOCUMENTATION**

**Indicate whether you have one or more of the following disabilities, which may require accommodations in a college environment or with curriculum. (In the case of multiple disabilities, indicate with a “P” for primary disability). *Please note that all documentation must be on letterhead, dated, and signed by licensed/certified clinical professional (may be electronically signed) with diagnosis and accommodations recommended.***

**Specific Learning Disability** - A disorder in one or more of the basic psychological or neurological processes involved in understanding or in using spoken or written language. Disorders may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations. Examples include dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological processes. Such disorders do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, to emotional disturbance, or to an environmental deprivation.

* Psychological, neuropsychological, or psycho-educational evaluation within the past 5 years signed by psychologist with diagnosis and accommodations.

**OR**

* Psychological evaluation no matter the date, signed by school psychologist.
* IEP with accommodations listed within the past 5 years.
* Eligibility and Assignment Staffing form (E & A S F) signed by school psychologist with diagnosis/exceptionality listed, no matter the date (if the psychological evaluation does not indicate diagnosis).
* Letter from school psychologist within the past 5 years on letterhead, indicating diagnosis/exceptionality student received ESE Services for in high school, if E & A S F is not available or not signed by school psychologist or no diagnosis/exceptionality is listed.

**Deaf/Hard of Hearing** - A hearing loss of thirty (30) decibels or greater, pure tone average of 500, 1000, 2000, and 4000 (Hz), unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, and high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.

• Audiogram within the past 5 years.

• Letter from medical doctor or audiologist within the past 5 years with diagnosis and accommodations.

**OR**

• Audiogram within the past 5 years.

• Letter from medical doctor or audiologist no matter the date. (May be a high school form)

• IEP with accommodations listed within the past 5 years

**Visual Impairment** - Disorders in the structure and function of the eye as manifested by at least one of the following: visual acuity of 20/70 or less in the better eye after the best possible correction, a peripheral field so constricted that it affects one’s ability to function in an educational setting, or a progressive loss of vision which may affect one’s ability to function in an educational setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.

* Letter from medical doctor within the past 5 years with diagnosis and accommodations.

**OR**

* Vision examination report within the past 5 years signed by Ophthalmologist with diagnosis and accommodations.

**Orthopedic Impairment -** A disorder of the musculoskeletal, connective tissue disorders, and neuromuscular system. Examples include but are not limited to cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm (CVA), head injury and spinal cord injury, arthritis and rheumatism, epilepsy, intracranial hemorrhage, embolism, thrombosis (stroke), poliomyelitis, multiple sclerosis, Parkinson’s disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders.

* Letter from medical doctor within the past 5 years with diagnosis and accommodations.

**Speech/Language Impairment** -Disorders of language, articulation, fluency, or voice which interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to, cleft lip and/or palate with speech impairment, stammering, stuttering, laryngectomy, and aphasia.

* Speech/language evaluation within the past 5 years signed by speech/language pathologist with diagnosis and accommodations.

**OR**

* Speech / language evaluation no matter the date, signed by speech/language pathologist.
* IEP with accommodations listed within the past 5 years.
* Eligibility & Assignment Staffing form (E & A S F) signed by speech/language pathologist with diagnosis and/or exceptionality listed, no matter the date, if speech/language evaluation does not indicate diagnosis.
* Letter from school psychologist within the past 5 years on letterhead, indicating diagnosis/exceptionality student received ESE Services for in high school, if E & A S F is not available or not signed by school psychologist or no diagnosis/exceptionality is listed.

**Emotional or Behavioral Disability** - Any mental or psychological disorder including but not limited to organic brain syndrome, emotional or mental illness, or attention deficit disorders.

* Letter from medical doctor or psychologist within the past 5 years with diagnosis and accommodations.

**Autism Spectrum Disorder -** Disorders characterized by an uneven developmental profile and a pattern of qualitative impairments in social interaction, communication, and the presence of restricted repetitive, and/or stereotyped patterns of behavior, interests, or activities. These characteristics may manifest in a variety of combinations and range from mild to severe.

* Letter from medical doctor or psychologist within the past 5 years with diagnosis and accommodations.

**Intellectual Disability** - A disorder significantly below average general intellectual and adaptive functioning manifested during the developmental period, with significant delays in academic skills. Developmental period refers to birth to eighteen (18) years of age.

* Letter from medical doctor or psychologist within the past 5 years with diagnosis and accommodations.

**Traumatic Brain Injury** - An injury to the brain, not of a degenerative or congenital nature but caused by an external force, that may produce a diminished or altered state of consciousness, which results in impairment of cognitive ability and/or physical functioning.

* Letter from medical doctor or psychologist within the past 5 years with diagnosis and accommodations.

**Other Health Impairment -** Any disability not identified above that can be documented and creates a barrier or other access need.

* Letter from medical doctor or psychologist within the past 5 years with diagnosis and accommodations.

**ACCOMMODATIONS AVAILABLE TO STUDENTS WITH DISABILITIES**

Indicate below the accommodations you feel you may need and are referenced by supporting documentation. Accommodations provided are based on the nature of your disability and documentation received. Additional documentation will be requested if a requested accommodation is not supported by the documentation in the SAS file. Accommodations with an asterisk (\*) may require additional forms to be completed. Ask SAS for these forms, if you check those accommodations. Please note accommodations are not retroactive. Accommodations will only apply after registration with SAS.

***Accommodations***  ***Equipment***

|  |  |
| --- | --- |
| \_\_\_ tests with extended time and taken in the Assessment Center  \_\_\_ note-taker  \_\_\_ scribe  \_\_\_ reader  \_\_\_ library access assistance  \_\_\_ extended time to complete in-class essays/projects (may be completed in the AC and on computer)  \_\_\_ course substitutions/Prep and TABE waivers  \_\_\_ video with audio descriptive narrations  \_\_\_ real-time captioning \*  \_\_\_ sign language interpreter services \*  \_\_\_ closed captioned videos in class and on the web  \_\_\_ P.E.R.T. given orally with unlimited time, etc.  \_\_\_ may bring laptop to class to take notes  \_\_\_ alternative testing (i.e., speech class)  \_\_\_ wheelchair (computer) desks/separate desks and chairs/ergonomic chairs  \_\_\_ classroom changes for accessibility  \_\_\_ may stand and stretch/leave classroom  \_\_\_ may be absent periodically, allow to make up missing work/test  \_\_\_ no service animal restrictions  \_\_\_ parking spaces for the disabled with DMV permit  \_\_\_ instructors face the student and speak clearly  \_\_\_ use of basic calculator \* | \_\_\_ talking books & equipment (Miley Library)  \_\_\_ tape recorder (SAS)  \_\_\_ reader services/reading machine (SAS/ASC) (+)  \_\_\_ Victor Reader CD player and software (ASC)  \_\_\_ talking calculator (SAS)  \_\_\_ talking books & equipment (Miley Library)  \_\_\_ textbook on CD (SAS) (++) (\*)  \_\_\_ talking computer (ASC) (+)  \_\_\_ voice recognition computer (ASC) (+)  \_\_\_ Braille Embosser and paper (ASC/Miley Library)  \_\_\_ spell checker (SAS)  \_\_\_ CCTV Enlarger Monitor (ASC, Miley Library, Assessment Center) (+)  \_\_\_ adjustable keyboard tray (SAS)  \_\_\_ one-handed computer keyboard (SAS)  \_\_\_ large computer keyboard (SAS/Assessment Center)  \_\_\_ TDD/TTY access (SAS)  \_\_\_ telephone amplifier (SAS)  \_\_\_ personal FM listening device (SAS)  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(+) CCTV, JAWS (talking computer), Dragon Naturally Speaking (voice recognition), and Arkenstone Open Book (reading machine) are available in the ASC at all IRSC campuses.

(++) Individual Membership is available through Learning Ally, 20 Roszel Road, Princeton, N.J., 08540 WEBSITE: www.learningally.org PHONE: (609) 452-0606 or toll-free: (800) 221-4792 FAX: (609) 987-8116

**STUDENT ACCESSIBILITY SERVICES IDENTIFICATION FORM**

**In order to provide accommodations, IRSC is asking for voluntary self-identification of students with a disability. This information will be kept confidential and will be used for the sole purpose of aiding you in achieving your academic access.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Nature of Disability: (see page 2-3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Use this space to provide Student Accessibility Services with additional information about yourself, your disability or your academic needs that you feel may be of assistance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Indicate any aide you may be using (i.e., wheelchair, hearing aide, crutches, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Agencies where you are a client (e.g., Division of Blind Services, Division of Vocational Rehabilitation, Veteran’s Administration, etc.):

1. Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Study: \_\_\_ A.A. Degree \_\_\_ A.S./A.A.S. Degree \_\_\_B.S./B.A.S. Degree \_\_\_ Non-Degree

\_\_\_ Certificate \_\_\_ Vocational \_\_\_ Undecided \_\_\_ GED® \_\_\_ Adult High School

Intended major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester you plan to begin courses at IRSC:

\_\_\_\_\_\_ Fall \_\_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II Year: 20\_\_\_\_\_

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**Student Accessibility Services**

**AGREEMENT OF SERVICES**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

acknowledge that I have access to the Student Accessibility Services Brochure and Handbook

http://www.irsc.edu/advising/studentdisabilityservices/studentdisabilityservices.aspx?id=4294970196

where the accommodations available at IRSC are outlined for me. A determination will be made as to the accommodations I am eligible to receive based on my disability and documentation, and I will be notified by email. I have been informed that notices will be emailed to me at my IRSC Rivermail email account and to my instructors each semester I register for courses regarding the accommodations I am eligible to receive and the procedures. **I understand that it is my responsibility to discuss the accommodations needed at the beginning of each semester with my instructors. I understand accommodations/access services are not retroactive.**

I am aware that if there needs to be a change in the accommodations I am receiving, if I have any concerns relating to the accommodations, if I am not receiving the accommodations or if I am in need of additional accommodations, it is my responsibility to contact Student Accessibility Services in writing for assistance. And, if I make a written request for additional accommodations, course substitutions, prep course or TABE waivers, additional documentation may be required.

Further, the auxiliary learning aid assistance requested is not available to me from any state or federal program responsible for such assistance. If currently a client of another agency, I will inform Student Accessibility Services if financial benefits for auxiliary aids are changed and in any event I will contact or authorize permission to be referred to another appropriate agency for possible sponsorship and will inform Student Accessibility Services of the results of the meeting.

I understand that due to my disability, if I am allowed to record classroom lectures that material is to be used solely for my personal academic enrichment and cannot be distributed, copied, sold or uploaded to the web.

I understand that due to my disability, if I am eligible for extended time to take tests, a maximum of double time will be given, unless my documentation specifies that a greater amount of time is needed. It must be clearly stated in the documentation to be eligible for the accommodation of an extension to complete assignments beyond the due date.

I understand that due to my disability, if I am eligible for a note-taker in class the notes will be given to the instructor by the note-taker who will then give them to me. I understand it is my responsibility to contact Student Accessibility Services if I wish to change the delivery arrangement.

I give permission to allow the Counselor or Advisor of Student Accessibility Services to notify my instructors, the Assessment Center and the IRSC Health and Wellness Center staff of my disability and to discuss my academic progress and disability with appropriate college personnel and clinical instructors, when deemed necessary. Furthermore, I understand that only Assessment Center staff and IRSC instructors are allowed to proctor tests-not readers, scribes, note-takers, family or friends. An authorization for release of records may be completed through Admissions/Records, which would allow my parents, spouse, significant other, or family member to communicate with College personnel.

I agree to release IRSC, its agents and employees from any and all liability and hold it and them harmless from any and all claims and causes of action caused by or arising from the accommodations received.

**Student Signature** **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

