Special Populations Identification Process

Welcome Letter

Dear Student,

Thank you for applying to Central Carolina Community College, we look forward to working with you to further your education. You have identified yourself as possibly needing accommodations in the classroom setting due to a disability.

In its commitment to student success, Central Carolina Community College has adapted the following non-discrimination statement to guide its delivery of services to students with disabilities:

"No individual shall, by reason of disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which otherwise qualified. The college may make program adjustments in instructional delivery and may provide supplemental services to enable students with disabilities to participate in activities compatible with their condition and interest."

Please complete the enclosed paperwork to formally identify yourself as a Special Populations student at CCCC. This information is kept confidential and will be shared with those of your choosing. Please take the time to review and return the paperwork to the Special Populations Office in order to begin the process. Thank you again for applying to CCCC and we look forward to working with you. If you have any questions please do not hesitate to contact the Special Populations Office.

Sincerely,

Megan Sherman, M.A.
Coordinator of Student Accessibility Services
Central Carolina Community College
1105 Kelly Drive * Sanford, NC 27330
msherman@cccc.edu
Phone (919) 718-7416 * Fax (919) 718-7380
Special Populations Identification Process

Steps to Receiving Accommodations

Please read and complete the Special Populations Office intake packet. This packet covers the following steps required in order to receive accommodations at CCCC:

1. Students must self-identify to the Special Populations Office and request accommodations. Submit request prior to each semester or expect delay.

2. The student must provide medical documentation of the disability for which accommodations are requested. Accommodations will not be granted until documentation of the disability is on file in the Special Populations Office.
   - Acceptable forms of disability documentation include: medical report, physician’s statement, psychological or psycho-educational evaluation, and records from the Division of Services for the Blind, Services for the Deaf and Hard of Hearing, and Vocational Rehabilitation. The previous list is not intended to be totally inclusive.
   - Diagnosis from an appropriate licensed professional on official letterhead with contact information (not on a prescription memo pad). Please include professional’s signature.
   - Information must include: diagnosis and symptoms, recommendation for accommodations, and a list of all currently-prescribed medications and side effects if not taken as prescribed.

3. Once documentation is received, the student meets with the Special Populations Coordinator to determine appropriate accommodations.

4. Then, the Coordinator will e-mail the Accommodation Plan to the student’s instructor(s). Their success coach and advisor may also be notified if needed.

5. The student and instructor(s) will meet to discuss, agree to, and sign the Accommodations Plan.

Accommodations are not retroactive and begin the day in which the faculty receives the Accommodations Plan. Student Schedule Request form must be completed each semester.

All accommodations must come from the Special Populations Office. Faculty are discouraged from allowing undocumented accommodations.

Megan Sherman, M.A. Coordinator of Student Accessibility Services
Central Carolina Community College
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Special Populations Identification Process

Self-Identification and Impact Statement

Name: ____________________________ Student ID Number: ____________
Address: ____________________________
Phone: ____________________________ E-mail Address: ____________________________
Program of Study (major): ____________________________
Term Entering (check one): □ Fall □ Spring □ Summer Year: ____________
Emergency Contact and Phone #: ____________________________

Please indicate the documented disabilities (check all that apply):

- □ Emotional (Psychiatric)
- □ Hearing Impairment
- □ Learning Impairment
- □ Mental Impairment
- □ Orthopedic Impairment (Physical)
- □ Other Health Impairment:
- □ Speech/Language Impairment
- □ Visual Impairment (Blind or Low Vision)

List current medications you are prescribed: ____________________________

Are you taking them as prescribed? □ Yes □ No

If your prescription changes please contact the Special Populations Coordinator.

How does this disability affect you in an educational setting? ____________________________

What accommodations have you used in the past? ____________________________

What accommodations are you requesting at Central Carolina Community College?
Be specific. ____________________________
Special Populations Identification Process
Consent for Release of Confidential Information

I, ____________________________, authorize Central Carolina Community College’s Special Populations Office to discuss (1) the nature of my disability, (2) the particulars of my academic progress, and/or (3) other selected, appropriate information that is deemed necessary to implement accommodations that will provide equal access to Central Carolina Community College’s services, activities, and programs.

I provide consent for the following: Please initial your choice(s)

INITIAL

Parent(s) __________________________
Central Carolina Faculty and Staff _______
Agency Counselors _______
Therapist _______
Other: ____________________________ _______

Agencies or programs of which you are a client or from which you receive support (e.g., Division of Services for the Blind, Vocational Rehabilitation, Department of Veterans Affairs)

Name of Agency #1: __________________________ Address __________________________
Telephone Number __________________ Name of Counselor __________________________

Name of Agency #2: __________________________ Address __________________________
Telephone Number __________________ Name of Counselor __________________________

Name of Agency #3: __________________________ Address __________________________
Telephone Number __________________ Name of Counselor __________________________

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by the Special Populations Office of Central Carolina Community College.

Student signature: __________________________ Date: ______________

Witness signature: __________________________ Date: ______________
Special Populations Identification Process

Student Schedule Request

This required form needs to be updated and submitted to the Special Populations Office prior to each semester of enrollment. Accommodations cannot be provided without this information. If the student’s schedule, instructor, or involvement in extracurricular activities change during the semester please notify the Special Populations Coordinator.

If you are seeking to reinstate your previously established accommodations, fill out this form and return it to the Special Populations Coordinator.

For changes to your previous accommodations you will need to speak with the Special Populations Coordinator. At that point, new medical documentation may be requested.

Name: __________________________ Student ID Number: ________________

Term (check one): □ Fall □ Spring □ Summer Year: __________

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Instructor’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG (Example)</td>
<td>111 (Example)</td>
<td>LO1 (Example)</td>
<td>John Smith (Example)</td>
</tr>
</tbody>
</table>

Extracurricular Activities
Basketball/Phi Theta Kappa (Example)

Group Contact
John Smith (Example)

Accommodation Notices

☐ Send accommodation notices to all my instructors requesting special accommodations. Signature: __________________________ Date: __________

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☐ Only send accommodation notices to the following instructors requesting special accommodations: __________________________ Date: __________

Signature: __________________________ Date: __________

For use by Office: Rec:_______ Date______ Sent:_____ Date:______
Special Populations Identification Process

Acknowledgement of Special Populations Information

I __________________________ hereby acknowledge receipt of the Special Populations information packet. I understand that the following information was made available to me for the purpose of registering as a Special Populations student at Central Carolina Community College.

   Special Populations Welcome Letter (Page 1)
   Steps to Receiving Accommodations (Page 2)
   Self-Identification and Impact Statement (Page 3)
   Consent for Release of Confidential Information (Page 4)
   Student Schedule Request Form (Page 5)

I understand it is my responsibility to read and understand the information in this packet. I also understand that all information and documentation must be complete before accommodations can be granted.

Student Signature: ____________________________ Date________________