Office of Disability Services

UNIVERSITY OF SOUTH CAROLINA AIKEN

Dear Student:

You recently contacted our office regarding information about Disability Services. If you have a diagnosed physical, psychological, and/or learning disability, you may qualify for services that can facilitate your access to the educational programs and services at USCA. To place your information on file with the Office of Disability Services, you will need to complete all of the forms in the Disability Services packet, provide us with an evaluation from a qualified professional, and meet with our coordinator after the materials are reviewed.

Once all documentation has been submitted, you will be contacted by our office for an appointment to discuss your appropriate accommodations. Please return the completed forms to:

Office of Disability Services
University of South Carolina Aiken
471 University Parkway, Box 15
Aiken, SC 29801
Fax (803) 641-3677

If you have any questions, please contact our office by calling (803) 643-6815. We look forward to assisting you!

Sincerely,

Claudette J. Palmer, Ed.D.
Disability Services Coordinator

Office of Disability Services
UNIVERSITY OF SOUTH CAROLINA AIKEN

Registration Checklist

Getting Started:

_____1) To request services, contact USCA Disability Services once you are admitted. There is a sheet in your Admissions Package that you may complete and return to us requesting information, or you may call us at 803-643-6815.

____ 2) Once you receive the Disability Services Registration packet, read and complete all forms. Return forms to Disability Services, 471 University Parkway, Box 15, Aiken, SC 29801.

Documentation:

____ 3) Provide Disability Services with appropriate documentation that includes a statement of diagnosis and suggested accommodations. Documentation must be provided by a qualified health professional such as a physician, psychologist, psychiatrist, or neuropsychologist.

____ 4) If you do not have a copy of your documentation, contact your health professional and ask that your documentation be sent to the following address:

University of South Carolina Aiken
Disability Services
471 University Parkway, Box 15
Aiken, SC 29801

____ 5) Follow up with your health professional to make sure they have forwarded your documentation to Disability Services.

____ 6) Follow up with Disability Services to make sure documentation has been received.

Appointment:

____ 7) Schedule an initial appointment with the Disability Services Coordinator to discuss your documentation and accommodation sheets.

UNIVERSITY OF SOUTH CAROLINA AIKEN
Office of Disability Services

Today's date: _____

Confidential Client Registration

Name: Last _____ First _____ Middle initial ____

USC or VIP ID _____ **USCA email**: _____

Date of Birth ____/_____/_____

Cell phone _____ **Home phone** _____

Local address _____ Apt: _____

City: _____ State: _____ Zip: _____

Permanent address _____ Apt: _____

City: _____ State: _____ Zip: _____

Emergency contact _____ Phone _____

What is the best way to contact you?_____

A. PERSONAL INFORMATION

Age _____

Sex
_____Female
_____Male

Referred by
_____Self
_____Admissions counselor
_____Friend
_____Faculty/staff
_____Student peer group
_____Housing staff
_____Coach/athletic staff
_____Parent or guardian
_____Student Health Center/health professional
_____Other _____

Ethnicity
_____African American
_____Asian American
_____Euro-American (Caucasian)
_____Hispanic American
_____Multi-Racial (Bi-racial)
_____Native American
_____Other_____

Classification
_____Freshman
_____Sophomore
_____Junior
_____Senior
_____Graduate student
_____Other _____

Transfer student _____Yes _____ No
Have you received services before? _____Yes _____ No
If yes, specify date(s) and school(s) _____
_____

If relevant to the present problem, may we contact the Disabilities Services professional at those schools?
_____Yes _____ No

USCA enrollment
_____Full-time _____Part-time Major_____ Current GPA _____
Degree objective _____ Advisor _____
Initial enrollment date/expected enrollment date_____ Expected graduation date _____

B. MEDICAL INFORMATION

What type of disability do you have?

Please list/describe:

(1)_____

(2)_____

(3)_____

Date(s) of onset and/or diagnosis:

(1)_____

(2)_____

(3)_____

_____

_____

Current medications _____

Medical restrictions: _____

Are you a client of Vocational Rehabilitation Services? _____Yes _____ No

If yes, in which county? _____ Counselor's name/phone _____

_____

***C.* ACCOMMODATIONS**

Selection does not imply approval by the DS Office. Selection indicates only which services you are interested in or would like more information about. All accommodations must be approved by the DS Office based on documentation.

CLASSROOM ACCOMMODATIONS:

_____Record lectures
_____Accessible desk and/or chair
_____Front row seating
_____Lab assistance
_____Adaptive/assistive technology
_____Additional absences and/or extensions
_____Large-print handouts
_____Braille handouts
_____Verbal description of visual aid
_____Sign language services
_____Assistive listening device
_____Other_____

TESTING ACCOMMODATIONS:

_____Extended testing time
_____Low-distraction testing location
_____Oral tests
_____Reader
_____Scribe
_____Large -print tests
_____Braille tests
_____Voice calculator
_____Use of computer for essay tests
_____Other_____

GENERAL ACCOMMODATIONS:

_____Tutoring services
_____Counseling referral
_____Support group information
_____Alternative media formats
_____Course modification/substitution
_____Reduced course load
_____Wheelchair access
_____Disability parking information
_____Accessible field trip transportation
_____Orientation/mobility
_____Adaptive/assistive technology
_____Adaptations to housing
_____Additional health care needs
_____Other _____

How does your disability currently impact your functioning, and how does it cause you substantial limitation in the academic setting? _____

_____

_____

_____

Signature _____ Date _____

STUDENT RESPONSIBILITY STATEMENT

Application for Services

- I understand that, as a college student with a disability who is requesting services, I am obligated to provide notification of my disability to the USC Aiken Office of Disability Services.
- I further realize that in order to receive services, the Office of Disability Services must receive my completed application materials and a written evaluation from a qualified professional that demonstrates the existence of my disability.
- The Office of Disability Services will review my documentation to determine my eligibility for services. After my eligibility for services has been verified, I must meet with a representative of the Office of Disability Services to discuss the services and/ or accommodations that are appropriate for me. During this meeting, I will have an opportunity to aid in the identification of individual services to accommodate my disability. Completion of this meeting is the final step before commencement of services.

Enrollment in Services

- Appropriate services will then be implemented on a continuous basis each semester that I am enrolled at USC Aiken.
- Letters regarding my educational accommodations must be picked up each semester and given to my advisor and my professors/instructors to notify them of my needs. As such, I understand that any disclosure of information about my disability will be limited to what is minimally necessary to coordinate my educational accommodations.
- Once I have received my accommodation forms, I recognize that I should make an appointment with any professors/ instructors with whom I will have to coordinate my services, e.g., note-taking assistance or special testing accommodations. If the professor and I determine that the Office of Disability Services will need to help in the administration of any tests, it is my responsibility to contact Disability Services and provide that office with a copy of my syllabus so that they can assist me in making arrangements for testing proctors.
- If special classroom or testing accommodations have been made that involve the services of others, then I must notify the Office of Disability Services in advance of any inability to attend classes, (e.g., readers, sign language interpreters, or proctors for special testing arrangements). I understand that if I fail to comply with this notification requirement, these services may be temporarily withheld.
- I further understand that it is my responsibility to notify the Office of Disability Services of any problems or difficulties with my accommodations.
- I also understand that it is my responsibility to update the office as necessary regarding the need for additional services. The Office of Disability Services will review all new requests for services and implement additional services as deemed appropriate.
- If I am not enrolled for two consecutive semesters, i.e., fall and spring, I will need to notify the Office of Disability Services to reactivate services once I resume classes at USC Aiken.

Finally, I understand that I have a right to file a formal grievance with the Americans with Disabilities Act (ADA) Compliance Office, Room 116 – Penland Administration Building, USC Aiken, 471 University Parkway, Aiken, SC 29801, regarding any unresolvable dispute with the Office of Disability Services related to my disability.

RECEIPT OF STUDENT RESPONSIBILITY STATEMENT

I have received a copy of the Student Responsibility Statement from the Office of Disability Services and agree to review its contents. During my enrollment at USC Aiken, I will use this document as a reference to assist me in understanding my responsibilities as a student with a disability at USC Aiken. If the Office of Disability Services makes any additions or amendments to the Student Responsibility Statement, I understand that the Office will make reasonable efforts to inform me of these changes. If I am unclear about any existing policy, I understand that it is my responsibility to direct my questions to:

Office of Disability Services
University of South Carolina Aiken
471 University Parkway, Box 15
Business & Education Bldg, Rm. 134
Aiken, SC 29801
(803) 643-6815

Student's Signature: _____

Date: _____

RELEASE OF INFORMATION
TO FACULTY/STAFF/SERVICE PROVIDER

I hereby authorize the staff of the Office of Disability Services at the University of South Carolina Aiken to release any pertinent medical, psychological, educational, or vocational information to the faculty and staff at the University of South Carolina Aiken and/or other providers of supporting services. This disclosure is to assist me in fully participating in an educational activity. Disclosure of information will be restricted to what is necessary, relevant, and verifiable.

If you would like to give us permission to speak with an additional contact person (e.g., a family member) regarding certain designated information, please provide the name of the person, their telephone number, and the nature of the information you are permitting to be released/discussed:

Name of Person _____

Relationship _____ Telephone _____

Nature of Information:
_____ Specific accommodations, e.g. books on tape
_____ Documentation of disability
_____ Information related to services I receive through the Office of Disability Services
_____ Other _____

I understand that I have a right to revoke or change this authorization at any time by giving written notification to the Office of Disability Services, University of South Carolina Aiken, 471 University Parkway, Box 15, Business & Education Bldg, Rm. 134, 471 University Parkway, Aiken, SC 29841.

Student's Name (print)_____

Signature _____ Date _____

Witness signature _____ Date _____

UNIVERSITY OF SOUTH CAROLINA AIKEN

Office of Disability Services
Fax (803) 641-3677

AUTHORIZATION FOR REQUEST/RELEASE OF CONFIDENTIAL INFORMATION

I, _____, whose Date of Birth is _____,

authorize University of South Carolina Aiken Office of Disability Services to disclose to and/or obtain from _____

_____ the following information:

Description of Information to be disclosed/obtained: ***(Please initial each item to be disclosed)***

_____ Assessment
_____ Diagnosis
_____ Educational Information
_____ Psychiatric Evaluation
_____ Medical Information
_____ Psychosocial Evaluation
_____ Psychological Evaluation
_____ Other _____

_____

Purpose
The purpose of this disclosure of information is to provide/obtain documentation of eligibility for Disability Services

If other purpose, please specify: _____

_____

Revocation
I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to University of South Carolina Aiken Office of Disability Services at 471 University Parkway, Box 15, Aiken, South Carolina 29801. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration
Unless sooner revoked, this consent expires on the following date: _____ or as otherwise indicated:
_____.

Form of Disclosure
Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Redisclosure
Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of treatment information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted. Other types of information may be redisclosed by the recipient of the information in the following circumstances: _____

_____

_____ _____
Signature of Student Date

_____ _____
Signature of Parent, Guardian or Personal Representative Date

If you are signing as a Personal Representative of an individual, please describe your authority to act for this individual (e.g.,

power of attorney, healthcare surrogate, etc.) _____

_____ _____
Signature of Witness Date