



Indian River State College

Student Accessibility Services Application

In order to be eligible for Student Accessibility Services (SAS) at IRSC and to receive accommodations, complete the items below. Submit your documentation and completed Student Accessibility Services forms to the SAS counselor, SAS advisor or SAS campus liaison.

1. Complete checklist on **Required Documentation of Disability Guidelines** (pages 2-3).
2. Complete the **Student Accessibility Services Identification Form** (page 4).
3. Complete checklist of **Accommodations and Access Needs** (page 5)
4. Sign the **Agreement of Services** (page 6).
5. Complete the **Voter Registration Preference Card*** checklist (page 7).

*Please note that we are required by law to offer assistance with becoming a registered voter if desired. Your choice does not impact your eligibility for accommodations, equipment or services.

Student Accessibility Services Contact Information	
Dale Hayes SAS Counselor, Massey Campus Phone: 772-462-7809 Email: lhayes@irsc.edu	Sarita Hmamly SAS Advisor, Massey Campus Phone: 772-462-7396 Email: shmamly@irsc.edu

For Office Use Only

SAS Counselor/Advisor _____ Date Received _____

Required Documentation of Disability Guidelines

All documentation must be on lettered, dated and signed by a licensed or certified clinical professional who is qualified to make the diagnosis. Documentation must include a diagnosis and a description of the impact to educational access or experienced limitations. Documentation may be electronically signed.

Indicate below whether you have one or more of the following disabilities, which may require accommodations in a college environment or with curriculum.

Specific Learning Disability

☐ Psychological, neuropsychological, or psycho-educational evaluation within the past 5 years signed by a licensed psychologist. Evaluation must include diagnosis and description of impact to educational access.

OR ALL LISTED BELOW

☐ Psychological, neuropsychological, or psycho-educational evaluation no matter the date, signed by a licensed psychologist. Evaluation must include diagnosis and description of impact to educational access.

☐ IEP with accommodations included that is dated within the past 5 years.

☐ Eligibility and Assignment Staffing form signed by the school psychologist with diagnosis/exceptionality listed within the last 5 years. If Eligibility and Assignment Staffing form is not available, is not signed by the school psychologist, or no diagnosis/exceptionality is listed then a signed letter from the school psychologist within the past 5 years on letterhead, indicating diagnosis/exceptionality can be used as an alternative.

Speech/Language Impairment

☐ Speech/language, psychological, neuropsychological, or psycho-educational evaluation within the past 5 years signed by a licensed psychologist or speech/language pathologist. Evaluation must include diagnosis and description of impact to educational access.

OR ALL LISTED BELOW

☐ Speech/language, psychological, neuropsychological, or psycho-educational evaluation no matter the date, signed by a licensed psychologist or speech language pathologist. Evaluation must include diagnosis and description of impact to educational access.

☐ IEP with accommodations included that is dated within the past 5 years.

☐ Eligibility and Assignment Staffing form signed by school psychologist or speech/language pathologist with diagnosis/exceptionality listed within the last 5 years. If Eligibility and Assignment Staffing form is not available, is not signed by school psychologist or speech/language pathologist, or no diagnosis/exceptionality is listed then a signed letter from the school psychologist or speech/language pathologist within the past 5 years on letterhead, indicating diagnosis/exceptionality can be used as an alternative.

Deaf/Hard of Hearing

☐ Audiogram within the past 5 years and a signed letter from a medical doctor within the past 5 years that includes a diagnosis and description of impact to educational access. If the letter from the medical doctor is dated older than 5 years then a copy of an IEP or 504 plan can be used to supplement the letter.

Visual Impairment

☐ Letter from a medical doctor within the past 5 years that includes a diagnosis and description of impact to educational access. A vision examination report within the past 5 years signed by Ophthalmologist that includes a diagnosis and description of impact to educational access may also be used.

Orthopedic Impairment

☐ Letter from a licensed or certified clinical professional qualified to make the diagnosis dated within the past 5 years that includes a diagnosis and description of impact to educational access.

Emotional or Behavioral Disability

☐ Letter from a licensed or certified clinical professional qualified to make the diagnosis dated within the past 5 years that includes a diagnosis and description of impact to educational access.

Autism Spectrum Disorder

☐ Letter from a licensed or certified clinical professional qualified to make the diagnosis dated within the past 5 years that includes a diagnosis and description of impact to educational access.

Traumatic Brain Injury

☐ Letter from a licensed or certified clinical professional qualified to make the diagnosis dated within the past 5 years that includes a diagnosis and description of impact to educational access.

Other Health Impairment

☐ Letter from a licensed or certified clinical professional qualified to make the diagnosis dated within the past 5 years that includes a diagnosis and description of impact to educational access.

Intellectual Disability

☐ Psychological, neuropsychological, or psycho-educational evaluation within the past 5 years signed by a licensed psychologist. Evaluation must include diagnosis and description of impact to educational access.

OR ALL LISTED BELOW

☐ Psychological, neuropsychological, or psycho-educational evaluation no matter the date, signed by a licensed psychologist. Evaluation must include diagnosis and description of impact to educational access.

☐ IEP with accommodations included that is dated within the past 5 years.

☐ Eligibility and Assignment Staffing form signed by the school psychologist with diagnosis/exceptionality listed within the last 5 years. If Eligibility and Assignment Staffing form is not available, is not signed by the school psychologist, or no diagnosis/exceptionality is listed then a signed letter from the school psychologist within the past 5 years on letterhead, indicating diagnosis/exceptionality can be used as an alternative.

Student Accessibility Services Identification

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 _____ Student ID # _____

Cell Phone# _____ Student Email _____

Please list all agencies you are a client with. If you have a specific contact person at the agency include their name and contact information along with any accessibility equipment or services you are currently receiving.

How did you learn about Student Accessibility Services at IRSC?

Have you completed a Release of Records at IRSC? If you have, please write their name and preferred contact information.

Program of Study

- ☐ A.A. Degree ☐ A.S./A.A.S. Degree ☐ B.S./B.A.S. Degree ☐ Non-Degree
☐ Certificate ☐ Vocational ☐ Undecided ☐ GED®

Intended major

Semester you plan to begin courses at IRSC:

- ☐ Fall ☐ Spring ☐ Summer Year: 20 _____

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Student Signature _____ Date _____

Accommodations and Access Needs

Indicate the accommodations supported in the documentation of your disability. Additional documentation may be requested. Accommodations are not retroactive. You will be notified of all approved accommodations once your application and documentation have been reviewed.

<u>Accommodations</u>	<u>Equipment and Services</u>
<input type="checkbox"/> Extended time for testing	<input type="checkbox"/> Alternative format text for course materials
<input type="checkbox"/> Distraction reduced environment for testing provided by the Assessment Center	<input type="checkbox"/> Use of hand-held magnifier
<input type="checkbox"/> Note-taking assistance	<input type="checkbox"/> Use of stationary magnifier for testing
<input type="checkbox"/> May stand/stretch/leave class periodically	<input type="checkbox"/> Real time captioning
<input type="checkbox"/> Instructor to speak clearly facing the student	<input type="checkbox"/> Use of 4-function calculator
<input type="checkbox"/> Preferential seating in the classroom	<input type="checkbox"/> Closed captioning
<input type="checkbox"/> May audio record class lectures	<input type="checkbox"/> Reader and/or scribe for testing
	<input type="checkbox"/> Sign Language Interpreter
	<input type="checkbox"/> Use of medical device in classroom

Describe how your disability impacts your access to education, learning or facilities.

What accommodations have you used in the past that have been effective and why?

Agreement of Services

I, _____ Student ID Number: _____

INITIAL:

acknowledge that I have access to the Student Accessibility Services Handbook. An SAS Counselor/Advisor discussed with me my accommodations and access needs. Together we agreed upon appropriate and reasonable accommodations, services and equipment at IRSC to remove disability related barriers. 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. My responsibility to participate in the discussion of and advocacy for my accommodations cannot be transferred to another person or abdicated. I understand accommodations/access services are not retroactive.

INITIAL:

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 for assistance. And, if I make a request for additional accommodations, course substitutions, prep course or TABE waivers, additional documentation or forms may be required.

INITIAL:

If the auxiliary learning aid assistance or equipment requested is not available to me from any state or federal program responsible for such assistance, IRSC will support the access need as quickly and effectively as possible. If the exact services or equipment are not readily available through SAS the student and SAS counselor/advisor will collaboratively discuss the access need and determine a reasonable alternative accommodation. 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.

INITIAL:

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 also understand that recorded lectures may not be used in any way against the faculty member, other lecturer, or students whose classroom comments are recorded as part of the class activity.

INITIAL:

I give permission to allow the SAS counselor/advisor to notify my instructors, the Assessment Center of my accommodations each semester and to discuss my academic progress. Discussion of disability specific information with appropriate college personnel will only occur when deemed necessary for safety or with written permission by the student. Furthermore, I understand that only Assessment Center staff and IRSC instructors are allowed to proctor tests- not readers, scribes, note-takers, family or friends. I agree to release IRSC, its agents and employees from any and all liability and hold it and those harmless from any and all claims and causes of action caused by or arising from the accommodations received.

Student Signature _____ Date _____

Voter Registration Preference Form

Check the box only in 1. or 2.

If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

☐ Yes ☐ No, I decline.

2. If you are registered to vote where you live now, would you like to update your voter registration record?

☐ Yes ☐ No, I decline.

Signature: _____ Date: _____

Notice of Rights

Help: If you would like help in filling out your **voter registration application**, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until you are 18 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote. **If you do not meet these requirements, you are not eligible to register.**

You Can Register to Vote at:

- Any Supervisor of Elections' office
- Any driver's license office or tax collector's office that issues driver's licenses
- Any voter registration agency (that is, any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library)
- The Division of Elections (Florida Department of State)

