

Airport Campus
 Counseling & Career Services
 Midlands Technical College
 PO Box 2408 Columbia, SC 29202
 Phone (803) 822-3505
 Fax (803) 822-3295
 TTY (803) 822-3021
 E-mail: counseling@midlandstech.edu



**Disability Services
 Intake Form**

Beltline Campus
 Counseling & Career Services
 Midlands Technical College
 PO Box 2408 Columbia, SC 29202
 Phone (803) 738-7636
 Fax (803) 790-7515
 TTY (803) 738-7164
 E-mail: counseling@midlandstech.edu

Student Information

Student Name: _____ Gender: M F
 (Last) (First) (MI)

Student ID Number _____ Birth Date: _____

Address: _____
 Street City State Zip Code

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Email Address: _____

Do you wish to be subscribed to the monthly Disability Services Electronic Newsletter? _____ Yes _____ No
 The newsletter is sent to your e-mail address and is sent blind carbon copy to maintain the confidentiality of each student.

Emergency Contact Name: _____ Relation: _____ Phone: _____

What is your primary disability? _____

When was your disability first diagnosed? _____

How does your disability substantially limit your academic or daily activities? _____

Have you ever received disability accommodations in the past? ____Yes ____No

If "Yes" please describe the accommodations you received: _____

What accommodations do you believe would be helpful to you in your studies at Midlands Technical College? _____

Documentation Guidelines

You will need to submit documentation along with the completed intake form for a committee review.

Non-Medical (ADD, ADHD, Learning Disabilities, and Psychological Disabilities) Documentation Includes:

- A DSM-IV diagnosis (Evaluation needs to be dated within 3 years), a summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results including standardized scores or percentiles
- Explanation of how the disability might affect one's life skills and performance within an academic setting including the impact of medication and suggested classroom and/or testing accommodations

Medical Documentation Includes:

- Recent diagnosis (within 3 years) from a medical physician on letterhead - prescription pads are not acceptable
- Description of present symptoms, explanation of how the disability might affect one's life skills and performance within an academic setting, including the impact of medication and suggested classroom and/or testing accommodations

Standardized documentation forms for ADD/ADHD, Learning Disability, Physical/Motor Disability, Psychological Disability and Traumatic Brain Injury can be downloaded from www.midlandstech.edu/counseling.

Understanding Disability Services in College

Midlands Technical College is committed to providing reasonable classroom accommodations so that students with documented disabilities who meet the admission requirements to the college can have ACCESS to a quality education. While the Individuals with Disabilities Act (IDEA) applies to K-12 schools, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 govern colleges and universities. Having an IEP or "504 Plan" in High School does not guarantee that a student will be eligible for disability services in college. While we are committed to providing reasonable and appropriate classroom accommodations for documented disabilities so that students will have an equal opportunity to work toward success, students in curriculum level classes in college will be expected to perform at the college level. Program modifications are not made and standards are not lowered.

Release of Information:

I authorize the Counseling Services Staff to receive information from the provider (whomever completed your medical/non-medical documentation). I also authorize my provider to discuss my disability with the Counseling Services staff to clarify any unclear items.

Name of Provider: _____

Address: _____
Street City State Zip Code

Phone: _____ E-mail: _____

I authorize the Counseling Services Staff to release information regarding my disability and accommodations to the following:

_____ Faculty/Staff (needed for Faculty Notification Letters) _____ Parent/Guardian (name: _____)
_____ Other (name: _____)

For Vocational Rehabilitation Clients Only:

I request and authorize the South Carolina Vocational Rehabilitation Department and Midlands Technical College to release and exchange between them any information regarding me that these two parties determine to be necessary in my rehabilitative process.

VR Counselor: _____ Phone: _____

E-mail: _____

If Accommodations Are Approved:

I am to request services each semester at least 30 working days before the semester begins by completing the Request Your Classroom Accommodations Form at www.midlandstech.edu/counseling and I am to personally pick up my Faculty Notification Letters in the Counseling Services office each semester prior to the first day of class.

I am to be my own advocate. All requests for services are to be made by me personally and it is my responsibility to report any problems or concerns with my accommodations to the Counseling Services in a timely manner.

I understand that the misuse of any services or accommodations may cause a disruption in receiving these services.

If applicable, I have reviewed the Policies and Procedures for Note Taking Services, Interpreter Services and/or Test Proctoring.

Additional Information:

I understand that my completing this form is only the initial step in the disability accommodation process. My request for disability accommodations will be reviewed and approved based upon needs evident in the documentation I have provided.

I understand that I am able to complete the Counseling Services Appeal Process Form at www.midlandstech.edu/counseling or can request a copy if I am in disagreement with a decision.

Student Signature: _____ Date: _____

MTC Counselor Signature: _____ Date: _____

Counseling Services adheres to strict standards of confidentiality and is compliant with the Health Insurance Portability and Accountability Act [HIPAA] of 1996 and the Family Educational Rights and Privacy Act [FERPA]; facsimile transmittals and records are stored in a secure location and reviewed only by authorized personnel.