

Texas Southmost College Disability Services

By

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Director of Student Life

Overview

- Purpose
- Who We Serve
- Services Offered
- Procedures
- Forms
- Case Studies
- Q&A

Purpose

- To provide an array of supportive services to meet the educational, career and personal needs of persons with disabilities attending or planning to attend TSC.

Rights and Responsibilities

- THE AMERICANS WITH DISABILITIES ACT (ADA) AND SECTION 504 AS APPLIED TO COLLEGES & UNIVERSITIES
- Section 504 of the Rehabilitation Act in 1973. It is a civil rights statute designed to prevent discrimination against individuals with disabilities. It provides that:
- No otherwise qualified individual with disabilities in the United States...shall, solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Who is an "individual with a disability?"

- A person who:
 - (1) Has a physical or mental impairment which substantially limits a major life activity
 - (2) Has a record or history of such an impairment; or
 - (3) Is regarded as having such an impairment.

What are some examples of disabling conditions?

- All conditions which entitled a student to receive special education while attending grade school
 - Mental retardation
 - Learning disabilities
 - Serious emotional disturbances
 - AIDS,
 - Cancer
 - Environmental illness
 - Attention Deficit Disorder
 - Diabetes
 - Asthma
 - Physical Disabilities
 - Behavior disorders
- So long as the condition substantially limits a major life activity.

Overview of Services

- Increase service and disability awareness
- Identify persons with disabilities and their needs; Verify individual disabilities
- Determine and arrange individual accommodations
- Develop and maintain a resource library with current information on disabilities and adaptive technology
- Provide workshops and consultation on disabilities and related issues
- Provide a forum through which students with disabilities can express their concerns and recommendations to the College

Common Services

- Sign-Language Interpreting
- Note taking
- Extended test time
- Testing lab
- Extended Assignments
- Assistive Technology

Procedures

- Student must Self-Identify or be referred
- Register at the Disabilities Office
- Case History Evaluation
- Letters of Accommodation to their Instructors
- On-line Correspondence

Disability Services

[Getting Started](#)[Documentation Guidelines](#)[Services Available to Meet Individual Needs](#)[Assistive Technology Lab and Testing Service](#)[Online Students with Disabilities](#)[Disabilities Rights & Responsibilities](#)[Frequently Asked Questions](#)[Interpreting Services](#)[Faculty and Staff Resource Manual](#)

Disabilities Rights & Responsibilities

College rights

- To determine the appropriateness of documentation and requests for accommodation on a case-by-case basis, using the professional judgment of the Disability services coordinators.
- To request additional information to determine eligibility for services.
- To share relevant information regarding the student's disability with those who have a legitimate educational interest.
- To deny a request for accommodation or withdraw an accommodation when a student fails to meet the college's academic and institutional criteria.

College responsibilities

- To reduce or eliminate physical, academic, and attitudinal barriers.
- To assure that every student receives an equal level of service and expertise from the college, regardless of campus or type of enrollment, by systematizing intra-campus communication and support.
- To serve as an advocate for students with disabilities and to ensure equal access.
- To consult with faculty regarding academic accommodations and compliance with legal responsibilities.
- To develop written policies and guidelines regarding procedures for determining and accessing "reasonable accommodations."
- To provide services that are based on the institution's mission and/or service philosophy.
- To prohibit discrimination against qualified individuals with disabilities.
- To assure the safety and confidentiality of all documentation related to student's disabilities.

Student rights

Contact Information

Kryсна Rivera - Interpreter
Office of Student Life, Lightner 104
Kryсна.rivera@tsc.edu
956.295.3587

Carol Arroyo - Interpreter
Office of Student Life, Lightner 104
carol.arroyo@tsc.edu
956.295.3587

Forms

- [Problems with Accommodations](#)
- [Request for Disability Services](#)
- [Request for Interpreting Services](#)
- [Request to Test at the Assistive Technology Lab](#)
- [Teacher Request Form](#)



	TO BE COMPLETED BY INSTRUCTOR		Section 2: TO BE COMPLETED BY DS STAFF	
		Email Address		Date test received/ staff initials/ entered into test log
	Contact Phone			
	TEST DEADLINE:		Received Via: (Circle one) <input type="radio"/> Instructor <input type="radio"/> Email	
	METHOD FOR PLACING ANSWERS (please initial one)		TEST APPOINTMENT	
		Write on Test		Appointment scheduled on
		Scantron		Test location
Disability Support Services Camille Lightner, Room 104		On-line		Date test taken
		Other (specify)		Start time
				End time/ Accept by:
Phone (956) 295-3587	TEST TIME LIMIT (no unlimited test time considered)		TEST ACCOMMODATIONS	
Carol.Arroyo@tsc.edu Kryсна.Rivera@tsc.edu	Test time allowed in class: Hour (s) Minutes		Minimum extended time allowed is 1 1/2 times: Hour (s) Minutes	
EXTENDED TEST TIME FORM	TEST AIDS/MATERIALS ALLOWED (please check applicable)		CLARO READ/ CCTV/ OTHER	
Section 1: TO BE COMPLETED BY INSTRUCTOR (please print)		Open Book <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Declined date
Student Name		Calculator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Declined students initials
		Computer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TEST RETURNED BY DS STAFF	
		Formula sheet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Picked up by/ delivered to	
		Scartch paper <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X	
		Class notes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date: (Staff Initials)	
Course Number (e.i. Math 0312.05)		Other (specify)		
	METHOD FOR SENDING TEST (please initial applicable)		ADDITIONAL COMMENTS	
		Instructor will email test to DS staff		
		Instructor will drop off test at DS Office		
		DS may pick up test from instructor		
Instructor Name	METHOD FOR RETURNING TEST (please initial applicable)			
		Instructor will pick up test at DS Office		
		DS staff will drop off test to instructor		
		DS staff will email test to instructor		

Accommodation Request Form



THIS FORM CERTIFIES THAT THE FOLLOWING STUDENT HAS PRESENTED THE NECESSARY DOCUMENTATION TO AUTHENTICATE THEIR DISABILITY.

The information contained in this document is CONFIDENTIAL and should not be disclosed to a third party without the express permission of the student.

Note to faculty: Please sign below indicating your acceptance of this agreement. (If you cannot sign, contact Student Life ASAP.) Keep one signed form for your records. Return copy to student.

Special test conditions: If this student requires special test conditions, you can make arrangements for administering tests through the Assistive Technology Lab and Testing Service)

Note to Student: You are responsible for talking to your instructors, asking for their signatures, and returning one copy of this form to Student Life. Deadline: one week from date of your signature below.

Questions about accommodations this or any student with disabilities? Please contact Student Life at (956) 295-3409
STUDENT NAME: _____ ID: _____

TO EQUALIZE THIS STUDENT'S CHANGES FOR ACADEMIC SUCCESS, THE FOLLOWING ACCOMMODATIONS ARE NECESSARY:

- _____
- Volunteer note taker (announce need for volunteer in class)
- Use of voice recorder to record lectures
- Special test conditions-time and a half
- Special test conditions-test may be converted to audio format for combined visual/auditory input
- Special test conditions- Use of computer with dictation software for written quizzes and essay tests
- Test can be proctored by the Assistive Technology Lab and Testing Service
- Training in use of appropriate assistive technology
- Use of alternate format textbooks
- _____

STUDENT SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

INSTRUCTOR SIGNATURE: _____ DATE: _____

Disability Services

Accommodation and Auxiliary Services Request Form

Please complete the following:

Name: _____ ID# _____

Major: _____ Disability: _____

Please read:

In conformance with Section 504 of the Rehabilitation Act of 1973 [and its implementing regulation, at 34 C.F.R. 104.44 (d)] and Title II of the American with Disabilities Act of 1990 [and its implementing regulation at 28 C.F.R. part 35], TSC provides accommodations, including education auxiliary aids, to qualified individuals with disabilities.

After accommodations are arranged, it is the responsibility of the qualified student with disabilities to provide the TSC Disability Services Office with timely written notice of any problems (such as inappropriate or ineffective accommodations, interruption of services, etc.) that he or she may have with auxiliary aids and services. Problems can be reported to our TSC Disability Services Office.

Accommodations and Auxiliary Services

This section to complete by the Disability Services Counselor/Coordinator

- | | |
|--|--|
| <input type="checkbox"/> Registration Assistance | <input type="checkbox"/> Permission to record lectures |
| <input type="checkbox"/> Letters to faculty | <input type="checkbox"/> Special Furniture _____ |
| <input type="checkbox"/> Volunteer Notetaker | <input type="checkbox"/> Taped textbook |
| <input type="checkbox"/> Test accommodations | <input type="checkbox"/> Sign Language interpreter |
| <input type="checkbox"/> time and a half | <input type="checkbox"/> Training in adaptive technology _____ |
| <input type="checkbox"/> individual testing | <input type="checkbox"/> Flexibility in attendance |
| <input type="checkbox"/> distraction-reduced environment | |
| <input type="checkbox"/> recorded or oral test (reader) | |
| <input type="checkbox"/> scribe | |
| <input type="checkbox"/> use of 4-function calculator | |
| <input type="checkbox"/> other _____ | |

This section to complete by the student and Disability Services Counselor/Coordinator

I agree to the accommodations and other services indicated above.

-or-

I am not requesting any accommodations or related services at this time.

Student Signature _____ Date: _____

Director Signature: _____ Date: _____

Shared Responsibility

- Integrity of Curriculum
- Attendance
- Quality of Work

Case Studies



Contact Information

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