



# DISABILITY ACCOMMODATIONS REQUEST INFORMATION & INSTRUCTIONS

Thank you for your interest in the Florence-Darlington Technical College ADA Student Disability Services Program. This program is designed to assist and accommodate students with special needs and disabilities. Your assistance with this process is required in order to ensure that the appropriate accommodations you request for the current academic year can be provided.

## **Steps for Students Requesting Accommodations:**

1. Acceptance into FDTC;
2. Read and sign *Rights and Responsibilities Acknowledgment*;
3. Fill out the *Request for Accommodations and Signed Release Form*;
4. Provide a current (within the last three years) Individualized Education Plan (IEP), (504) **OR** current medical documentation. If you plan to submit medical documentation, please include:
  - Diagnosis
  - Prognosis
  - Restrictions or limitations that the disability might dictate
  - Specific reasonable accommodations that are needed

**Must be on letterhead and signed by a doctor—Prescription notes will not be accepted.**
5. Return all required documentation detailed above to the ADA Office of Student Disability Services located in building 100, office #111B **OR** fax the information to 843.661.8305, Attn: Student Disability Services.



# FLORENCE-DARLINGTON TECHNICAL COLLEGE

## RIGHTS & RESPONSIBILITIES

### **Students have the right to:**

1. Expect all disability-related information to be treated confidentially.
2. Receive appropriate accommodations in a timely manner from faculty and ADA Student Disability Services. Students should have the opportunity to meet privately with faculty to discuss needed accommodations and any other concerns. Please keep in mind that the ADA Office of Student Disability Services is the only office designated to review disability documentation and determine eligibility for appropriate accommodations.
3. Appeal decisions regarding accommodations and auxiliary aids.

### **Students have the responsibility to:**

1. Provide ADA Student Disability Services with appropriate documentation of the disability.
2. Go to the instructor's office hours or make an appointment with the instructor to facilitate privacy when requesting accommodations.
3. Initiate requests for specific accommodations 48 hours prior to the date of needing the accommodation.
4. Follow procedures with faculty and ADA Student Disability Services in order to get the appropriate accommodations.
5. Inform ADA Student Disability Services of the materials you need in alternate format as soon as possible.
6. Notify faculty/ADA Student Disability Services immediately (preferably within 48 hours) when an accommodation is not being provided completely or correctly.
7. Notify faculty/ADA Student Disability Services immediately when a decision has been made to not use an accommodation or the accommodation is no longer needed.
8. Act as your own advocate. Use resources on campus to assist with developing advocacy skills and communicating your specific needs and accommodations to faculty.

### **Acknowledgment of Rights and Responsibilities:**

I acknowledge that I have read, understand and received a copy of the above Rights and Responsibilities pertaining to Program Accessibility Accommodations at Florence-Darlington Technical College.

---

**STUDENT SIGNATURE**

---

**DATE**



# FLORENCE-DARLINGTON TECHNICAL COLLEGE

## REQUEST FOR ACCOMMODATIONS & SIGNED RELEASE FORM

Date of Application: \_\_\_\_\_ Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Program of Study: \_\_\_\_\_ Disability: \_\_\_\_\_

***Please check the accommodation(s) you are requesting below:***

- |  |  |
|--|--|
| <input type="checkbox"/> Alternate test format               | <input type="checkbox"/> Large print books                     |
| <input type="checkbox"/> Alternate/extended deadlines        | <input type="checkbox"/> Note taker                            |
| <input type="checkbox"/> Alternate/isolated testing location | <input type="checkbox"/> Oral testing                          |
| <input type="checkbox"/> Audio books/e-books                 | <input type="checkbox"/> Other accommodations (specify)        |
| <input type="checkbox"/> Closed captioned television         | <input type="checkbox"/> Reader                                |
| <input type="checkbox"/> Customized classroom or lab desks   | <input type="checkbox"/> Service dog                           |
| <input type="checkbox"/> Extended testing time               | <input type="checkbox"/> Special classroom seating arrangement |
| <input type="checkbox"/> Flexible attendance                 | <input type="checkbox"/> Tutorial services                     |
| <input type="checkbox"/> Interpreter/signer                  | <input type="checkbox"/> Visual aids                           |
| <input type="checkbox"/> Lab accommodation (specify)         | <input type="checkbox"/> Voice recorder                        |
- Other accommodations specified: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ grant permission for Florence-Darlington Technical  
PLEASE PRINT FULL NAME CLEARLY  
College (FDTC) to secure, maintain, and release records related to my disability to parties who  
have a bona fide academic interest in my education at FDTC. I understand that the above-  
mentioned as strictly confidential information.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT DISABILITIES COORDINATOR**

\_\_\_\_\_  
**DATE**