



OFFICE OF STUDENT SUCCESS

629 Industrial Park Avenue • Asheboro, NC 27205 • www.randolph.edu/successcenter/
Phone: (336) 633-0200

Creating Opportunities. Changing Lives.

Disability Services Overview/ Student Request for Accommodations Form

Randolph Community College recognizes that students with disabilities are not only faced with many of the challenges that most students face, but also any challenges associated with their disability. We do our best to provide accommodations that will help meet the needs of our students. To help meet those needs, there are student responsibilities that must be completed. These responsibilities for accommodations are different for students in college than for students in elementary or high school. Students should allow sufficient time for accommodations to be processed and provided.

Name: _____

Last

First

Middle

Maiden

RCC Student ID: _____ Date of Birth: _____ Semester: _____

Phone Number: (____) _____ Email: _____

Disability: _____ Accommodations _____

Student Responsibilities:

1. Must identify herself/ himself as having a disability or need for accommodations.
2. Must provide documentation from a licensed provider using the Professional Documentation Form, which is included as a part of this document. Unless your disability/condition changes, this documentation is not required prior to each subsequent semester.
3. Student needs to make an appointment to speak with the disabilities coordinator so that there is an understanding of what reasonable accommodation(s), if any, may be provided for his/her class(es).
4. It is the student's responsibility to let the disability coordinator know what classes he/she is taking and which of those classes he/she wants accommodation(s) written for his/her instructor(s).
5. Student will need to complete the Disability Services Overview/Student Request for Accommodations Form each semester. The student will then receive 3 Student Accommodations Forms by email.
6. Student receives and reviews the Student Accommodations Form to assure that he/she agrees with the accommodations requested for the class(es).
7. Student delivers the Student Accommodations Form to his/her instructor(s) for signatures and communicates with the instructor(s) to ensure there is a mutual understanding of the accommodations. Student is encouraged to keep one copy of the form for their records. The instructor will receive two copies of the form: One copy to keep on file and the other copy is to be returned to the Coordinator of Students with Disabilities. Instructors are to contact the Coordinator of Students with Disabilities if there are questions regarding the accommodations. Accommodations begin when the letter is delivered and are not retroactive.
8. Requests for separate testing in the Assessment Center must be submitted 2 business days in advance of the test date and time.

I have reviewed the above steps for the accommodations process, understand them, and agree to them. I have also reviewed the Disability Services Policies and procedures. Furthermore, I understand that it is my responsibility to inform the Coordinator of Students with Disabilities, Tammy Cheek at (336) 633-0246 or twcheek@randolph.edu, of any questions or concerns regarding the accommodations and process.

Student's Signature: _____

Date: _____

Disability Coordinator's Signature: _____

Date: _____



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Professional Documentation Form

RELEASE OF INFORMATION

The information requested below and any documentation regarding your disability as well as your need for accommodation(s) will be considered confidential. Information will not be shared with any outside party without your expressed written permission.

Student's Name: _____

Address: _____

Last 4 digits of SS #: _____ Student ID #: _____

Program of Study: _____

I hereby authorize the release of the following information:

FROM: _____

TO: The Coordinator of Students with Disabilities or other college personnel at Randolph Community College

Student's signature _____ Date: _____

Professional Providing Documentation:

Name: _____

Professional Capacity: _____

Agency or Practice and Address: _____

Phone Number: _____ Date: _____

Diagnosis/Diagnoses: _____



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Description of **current status of student**, including tests and results (test and results, where needed, may be appended) and of **impact on student's academic performance**:

Description of **expected stability or progression of disability**:

RECOMMENDED ACCOMMODATION(S)—JUSTIFICATION FOR ACCOMMODATION(S)

1 _____

2 _____

3 _____

4 _____

To be completed by Professional Providing Documentation when form is completed: *This form must be signed for the student to receive recommended accommodations.*

I certify that the following accommodation request is currently appropriate for the above named student.

Name of Professional Providing Documentation:

Full Name (Print): _____

Date: _____

Signature: _____