



Disability Services

Dear Student:

Welcome to Lanier Technical College. As Coordinator of Disability Services, my primary goal is to provide you with the support, knowledge, guidance, and services that will enable you to achieve success while at our college.

I am located in the Student Affairs Office, Building 200, and I am here to provide advocacy and assistance to students with disabilities. It is **your responsibility** as a student, however, to disclose your disability by completing a Classification Form, and **to provide me** with medical or psychological evaluation(s) regarding your specific disability.

You may be referred to an outside agency, such as Vocational Rehabilitation, to obtain the documentation needed in order to receive our services. Once I make the referral, you will need to take the necessary steps to obtain the proper documentation. I will provide you with accommodations based on your specific needs and one the recommendations stated by the physician or other qualified professional in your evaluation(s).

Feel free to stop by my office or call me at (770) 533-7003 for an appointment. My office hours are from 7:30 AM until 6:00 PM Monday through Thursday. I look forward to working with you, and I want you to know that I am here to help you.

Sincerely,

A handwritten signature in black ink that reads "Mallory Safley". The signature is written in a cursive style.

Mallory Safley
Coordinator of Disability Services
770-533-7003



Welcome!

Checklist for Special Needs Students

- Choose a certificate, diploma, or degree program that you wish to pursue. Programs are listed under the “Academic Programs” link on our Home Page, www.laniertech.edu.
- Apply to Lanier Technical College by submitting an application for admission, either online at www.laniertech.edu or a paper application. Make sure to include the following:
 - \$25 non-refundable application fee
 - Copy of your Georgia Driver’s License or Georgia ID
 - An official transcript from high school, GED, and/or college/university
 - Official test scores. May be SAT, ACT, COMPASS, or ACCUPLACER.
 - *NOTE: If the applicant has not taken a placement test, LTC offers the ACCUPLACER.*
- Once accepted into Lanier Technical College, the STUDENT must contact Mallory Safley, Coordinator of Disability Services. The student must bring a medical or psychological evaluation completed by a qualified professional within the past three years. It should clearly state:
 - diagnosis with specific evidence of a disability
 - symptoms of the disability
 - test scores which support a cognitive or learning disability
 - recommendations regarding necessary classroom accommodations
- Register for classes.
- Student MUST drop off, fax, or email course schedule to Mallory Safley before classes start that includes the following:
 - Class Name(s)
 - Class Number(s)
 - Instructor’s Name(s) & Email(s)
 - Campus

NOTE: Student MUST repeat steps 4 and 5 every semester in order to continue obtaining accommodation(s).



Documentation Requirements for Special Services/Accommodations

Disabilities that affect learning and/or that necessitate a physical alteration will require medical or psychological documentation that verifies the disability, clarifies the areas of learning affected, and states the accommodations recommended by the physician or other qualified professional as appropriate.

Criteria for Learning Disabilities (LD)

- Psychological Evaluation not more than 3 years old and signed by a physician or other qualified professional
- Specific learning disability **MUST** be diagnosed and stated
- Must indicate individually administered intelligence tests
- Assessment of oral language skills, social emotional status, and specific academic deficits
- Achievement assessment of math, reading, and written language skills
- Assessed using appropriate age norms
- Includes recommendations for classroom accommodations by physician or other qualified professional

Criteria for Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

- Medical and/or Psychological Evaluation not more than 3 years old and signed by a physician or other qualified professional
- ADD/ADHD **MUST** be diagnosed and stated
- Symptoms reported before the age of 7
- Report must include at least 3 major behaviors from DSM-IV
- Corroboration of current ADHD symptoms by two independent observers who have knowledge of the student's functioning (example: teachers or clinicians)
- Documentation of two ratings scales of ADHD behaviors
- Evidence that schizophrenia, borderline personality disorder, autism, or mental retardation is not the primary disability
- Includes recommendations for classroom accommodations by physician or other qualified professional

Criteria for Brain Injuries

- Medical and/or Psychological Evaluation not more than 3 years old and signed by the specialist detailing the limitations on the ability to participate in a post-secondary program of study
- Current assessment using adult norms of cognitive and psychological strengths and limitations
- Evidence that the impairment substantially limits one or more major life activities
- Includes recommendations for classroom accommodations by physician or other qualified professional

Criteria for Visual, Hearing, Health, and Mobility Impairments

- Medical Evaluation not more than 3 years old and signed by a physician or other qualified professional
- Includes specific diagnosis for visual/hearing/mobility impairment and any test results which measures limitation on learning
- Includes any medications or aids used by the student, including the effects these have on the student's ability to learn
- Includes recommendations for classroom accommodations by physician or other qualified professional

Criteria for Psychological Disorders

- Medical and/or Psychological Evaluation not more than 3 years old and signed by a physician or other qualified professional
- Psychological Disorder MUST be stated and have diagnosis and date of diagnosis
- List of major symptoms currently being manifested and date of last visit
- Level of symptom severity and what is the treatment plan and prognosis
- Includes medications the student is taking and the impact it has on learning
- Includes recommendations for classroom accommodations by physician or other qualified professional

**Please make sure your documentation includes all stated requirements and give to Mallory Safley, Coordinator of Disability Services, before the semester begins, in order to obtain classroom accommodations.*

Mallory Safley

Coordinator of Disability Service

msafley@lanieritech.edu

770-533-7003

678-989-3133 *fax*

2990 Landrum Education Drive

Oakwood, GA 30566

Building 200, Room 202-B

Circle Your Semester of Enrollment: Fall Semester / Spring Semester / Summer Semester

Circle Your Campus: Oakwood Forsyth Winder-Barrow Jackson Dawson

(PRINT) Your name: _____
LAST FIRST MIDDLE

Phone: (____) _____ Program Major: _____
 Certificate Diploma Degree

Student ID #: _____ Last four digits of your Social Security #: ____ ____ ____ ____

Special Populations Classification

Check all that apply:

	I am a person who has the primary or joint custody for a dependent child. You may be divorced, widowed, legally separated, never married or a person who is single and pregnant.
	I have been financially supported by another family member in the past and that financial support no longer exists.
	I am unemployed or underemployed and having difficulty obtaining or upgrading employment.
	I have custody of one or more children with less than two years remaining to receive Title IV Social Security assistance.
	I am a person with a disability. <i>Anyone with a physical or mental impairment that substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.</i>
	English is NOT my first language. <input type="checkbox"/> I have difficulty speaking, understanding, reading, or writing English. <input type="checkbox"/> I do NOT have difficulty speaking, understanding, reading, or writing English.
	None of the above special populations categories applies to me.

- ❖ Contact **Kari Register, Special Populations Coordinator**, for assistance with barriers to college. **770-533-7005**
- ❖ Contact **Tina Schnepfer, Lead ESL Instructor**, for assistance with learning English. **770-531-3353**

Signature: _____ Date: _____

Disability Services Classification

Check all that apply:

	Specific Learning Disability (dyslexia, perceptual impairments, math or reading comprehension)
	Attention Deficit Hyperactivity Disorder (ADHD)
	Hearing Impairment (severe and/or either permanent or fluctuation)
	Deafness (impaired processing of language through hearing)
	Speech or Language Impairment (stuttering or language or voice impairment)
	Deaf-Blindness (hearing and visual impairments)
	Visual Impairment (severely visually impaired with correction, includes partially seeing and blind persons)
	Emotional Disturbance (depression, fears, or unsatisfactory interpersonal relationships, schizophrenia)
	Orthopedic Impairment (absence of finger, toe or limb, arthritis, cerebral palsy, debilitating condition)
	Other Health Impairments (chronic or acute heart condition, asthma, sickle cell anemia, hemophilia, epilepsy, leukemia, or diabetes)
	Traumatic Brain Injury (external or internal injury to the brain)
	Autism

My condition may require special services to complete my program of study.

My condition should **NOT** require special services to complete my program of study.

- ❖ Contact **Mallory Safley, Coordinator of Disability Services**, for classroom accommodations (must be medically documented). **770-533-7003** or msafley@laniertech.edu

Signature: _____ Date: _____

As set forth in its student catalog, Lanier Technical College does not discriminate on basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).

Title IX Coordinator: Nancy Beaver, VP for Student Affairs, Room 201-I, Bldg. 200, Phone: 770-533-7001
 Section 504/ADA Coordinator: Mallory Safley, Coordinator of Disability Services, Room 202-B, Bldg. 200, Phone 770-533-7003
 Lanier Technical College, 2990 Landrum Education Drive, Oakwood, GA 30566, 770-533-7000



Request for Services, Confidentiality of Disability Records and Consent

Name: _____ SS# _____ Campus: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

The Office for Disability Services is committed to ensuring that all information and communication pertaining to a student’s disability is maintained as confidential as required or permitted by law. Our guidelines concerning the treatment of such information are as follows:

1. No one will have immediate access to student files in this office except for appropriate staff from this office. Any information regarding a disability is considered confidential and will be shared only with others within the college who have a legitimate educational interest.
2. This information is protected by the Family Educational Rights and Privacy Act (FERPA).
3. Sensitive information in or student files will not be released except in accordance with federal and state laws and extreme exceptions such as child abuse, suicide, or homicidal intent (according to state laws).
4. A student’s file may be released pursuant to a court order or subpoena.
5. If a student wishes to have information about his/her disability shared with others, the student must provide written authorization to this office. Before giving such authorization, the student should understand the purpose of the release and to whom the information is being released.
6. The student should understand that there may be occasions when the Coordinator will share information regarding a student’s disability if circumstances necessitate the sharing of information that the Coordinator has determined an appropriate legitimate educational interest.
7. A student has the right to review his/her own Special Services file with reasonable notification.

Confidential Disclosure Statement

I, _____, hereby authorize Lanier Technical College to obtain documentation to support my stated disability(s) and to contact and discuss this information with necessary Lanier Technical College faculty/staff and applicable support agencies. I understand that the purpose of communicating any such information is allow the college to plan for any accommodations and adjustments that may be necessary in order to provide an equal educational opportunity. I have been advised to bring a copy of my schedule and promptly inform the office any changes in attendance each semester. I understand that all aspects of my financial aid (including any sponsorship from agencies outside the college) are my responsibility. I certify that I am 18 years of age. Furthermore, I understand that in order for Lanier Technical College to discuss documentation, release test scores or grades to parents, guardians, spouses, or other interested parties, I must authorize this action.

Please list the names and relationships of persons you authorize to access this information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Student’s Signature: _____ Date: _____

Coordinator of Disability Services: _____ Date: _____



Student Responsibilities

- I understand I will not be eligible to receive services until I provide current documentation of my disability that has been issued within the last 3 years. Note: Certification of a disability will be requested only once unless the disability is determined temporary or the disability diagnoses changes. Classroom accommodations are based on the doctor's or other qualified professional's recommendations you provide. If you find that you need additional help, please notify the Coordinator of Disability Services. It is your responsibility to keep the Coordinator of Disability Services informed of your progress and to notify her if you add or drop a class.
- I understand that it will be my responsibility to schedule an appointment to meet with the Coordinator of Disability Services **each semester** to request services and discuss accommodation needs with the coordinator.
- I understand that a copy of the accommodation(s) deemed appropriate will be retained in my file while I am a student at Lanier Technical College.
- I understand that my accommodations are determined on a semester basis and may change each semester.
- I understand that it is my responsibility to remain updated on the policies and procedures of the Disability Services Office.
- It is my responsibility to keep all organizations assisting me up to date. (Voc Rehab, VA, etc).

Students with disabilities have the responsibility to:

- Meet the qualifications and essential technical, academic, and institutional standards of Lanier Technical College.
- Identify themselves in a timely manner as an individual with a disability when seeking an accommodation.
- Provide the Coordinator of Disability Services documentation from an appropriate source that verifies the nature of the disability, functional limitations, and the need for specific accommodations.
- Follow the procedures for obtaining reasonable and appropriate accommodations, academic adjustments, and/or auxiliary aids.
- Use accommodations appropriately.
- Follow the code of conduct set forth by Lanier Technical College.

Students with Disabilities have the right to:

- Equal access to courses, programs, services, jobs, activities, and facilities available through Lanier Technical College.
- Reasonable, appropriate, and effective accommodations, academic adjustments, and/or auxiliary aids determined on an individual basis.
- Appropriate confidentiality of all information pertaining to his/her disability with the choice of whom to disclose their disability to except as bylaw.
- College information available in accessible formats.

I, _____, Student ID #: _____, acknowledge that I have discussed
the items above with Mallory Safley, Coordinator of Disability Services.

Student Signature

Date

Coordinator of Disability Services

Date



AUDIO RECORDING AGREEMENT

Student: _____ ID#: _____

Program: _____

Students with disabilities who are unable to take or read notes have the right to record class lectures for their personal study only. (84.44 Section of 504 in the Rehabilitation Act of 1973 P.L. 93-112, amended P.L. 93-516). Lectures recorded for this purpose may not be used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as part of the class activity. Information contained in the recorded lecture is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identity and credit to the lecturer.

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STUDENT PLEDGE

I have read and understand the above agreement on recorded lectures. I pledge to abide by the above policy with regards to any lectures I record while enrolled at Lanier Technical College.

Student signature: _____

Date: _____

Coordinator of Disability Services: _____

Date: _____