



# ACCESSIBILITY SERVICES

## STUDENT REGISTRATION FORM

Date \_\_\_\_\_

Thank you for your interest in the support provided by the Accessibility Services Office at Southeast Technical College. It is important that you complete and return this registration form along with documentation of your disability. Please refer to the Disability Documentation Guidelines for specific requirements on documentation needed for your disability.

- For current Southeast Tech students, please complete this registration form and submit documentation as soon as you are aware of a need for accessibility-related services. The completion of this form and submission of necessary documentation allows us to work with you in planning effective accommodations during your time as a student.
- For applicants to Southeast Tech, documentation review will not begin until you have been accepted into an academic program and have paid your \$75 registration fee.

Please note that your request for services will not be reviewed until both a completed registration form and documentation of your disability are on file with Accessibility Services. Accommodations take time to implement and may not be available immediately, particularly at the end of a semester.

Name \_\_\_\_\_ Student ID \_\_\_\_\_ Birthdate \_\_\_\_\_

Academic Program \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent/Non-School Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

STC Email \_\_\_\_\_ Personal Email \_\_\_\_\_

### MILITARY INFORMATION

Are you a veteran?  Yes  No If yes, what branch? \_\_\_\_\_

Are you active military?  Yes  No If yes, what years served? \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you currently employed?  Yes  No If yes, number of hours per week? \_\_\_\_\_

Place of Employment \_\_\_\_\_

### REHABILITATION SERVICES

Are you receiving Vocational Rehabilitation Services?  Yes  No

Counselor's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please identify the semester and year for which you are seeking accommodations:**

Fall (August)    Spring (January)    Summer (June)   Year \_\_\_\_\_

**Were you approved for accommodations in a previous academic setting (i.e., high school or college)?**

Yes    No

If yes, please list the previous settings you received accommodations in from high school on forward.

Please list the accommodations you received in this setting:

**Is your disability?**

Permanent Disability    Temporary (i.e., broken limb, concussion)

I think I have a disability, but I have no diagnosis.

**What is your disability?**

Please be as specific as possible. Specify your diagnosis and date of original diagnosis.

**How does your disability impact your ability to function in an academic setting?**

Please be as specific as possible.

**How does your disability impact your daily activities outside of the classroom?**

**Do you take any medications related to your disability?**    Yes    No

Please list medication(s):

**Do you use any special equipment, assistive technology, mobility aids or auxiliary aids?**  Yes  No

Please describe any equipment or aids that you use.

**What accommodations are you requesting?**

**Do you plan to or currently live in STC housing?**  Yes  No

**Are you seeking any housing accommodations?**  Yes  No

Please describe accommodations you are requesting:

**Do you require ADA Accessible Parking?**  Yes  No

**Please list who referred you to Accessibility Services:** \_\_\_\_\_

## **DOCUMENTATION OF DISABILITY**

All students are required to provide documentation of their disability. Each person and disability is unique; however, there are general guidelines for documentation that Accessibility Services utilizes to determine if the student meets the definition of an individual with a disability according to the following:

- Section 504 of the Rehabilitation Act of 1973, as amended; and/or
- The Americans with Disabilities Amendment Act (ADAAA) of 2008; and/or
- The Code of Federal Regulations, Title 24 - Housing and Urban Development (24 CFR 891.505 and 891.305).

Disability documentation is used to assist in providing reasonable and appropriate accommodations and must be provided by an appropriate professional (i.e., medical physician, therapist, psychologist, etc.). Documentation can vary in length and format but should focus on ways the condition currently affects you, especially in an academic setting. General documentation guidelines include, but are not limited to, the following:

- Specific diagnosis and/or description of the disability
- Clear statement of the current impact of the disability upon major life activities
- Clear statement of the impact of the disability in an educational setting
- Recommendations for accommodations

Examples of useful documentation include, but are not limited to, the following: psycho-educational evaluation, neuropsychological assessment, Individualized Educational Plan (IEP), 504 Plan, vocational assessment, information on previous use of accommodations, medical examination/evaluation and notes, statement from health or service provider, mobility assessment, etc.

## Permission and Statement of Agreement

Under the Family Educational Rights and Privacy Act (FERPA), the Accessibility Services Office may share information and communicate with appropriate college personnel on a need-to-know basis to facilitate the process of determining accommodation eligibility and/or implementation. In addition, the Accessibility Services Office's evaluation may include review of your documentation by an external consultant engaged by the institution. In limited circumstances, specific information may be required to be disclosed to protect individuals in an emergency or to comply with law and/or Southeast Technical College policies and procedures. The information on this form may be used in aggregate form for reporting purposes.

### Permission Agreement Required\*

I give permission for the Accessibility Services Office staff and/or Southeast Technical College professionals assisting Accessibility Services to speak with or request information from the treating professional who provided or will provide documentation (if not attached) to support my accommodation request if needed to make an accommodation decision. I understand that staff of Accessibility Services will have access to my disability file, academic records and other records at Southeast Technical College. I understand that Accessibility Services staff may need to contact other college departments or individuals and disclose personal information about me to meet my accommodation needs. I understand that this authorization is voluntary.

Yes  No

I understand that my accommodation request cannot be considered until appropriate documentation is submitted. I understand Southeast Technical College's use of the information on this form as stated above. If I responded affirmatively above, I am giving permission for my treating professional to be contacted, if necessary, to determine accommodation eligibility. I understand that Accessibility Services is not a confidential resource.

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Signature

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Date

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Printed Name

PLEASE SUBMIT YOUR  
REGISTRATION FORM AND  
DOCUMENTATION TO:

**Mail to:**  
Accessibility Services Office  
Southeast Technical College  
2320 N Career Ave  
Sioux Falls, SD 57107

**Fax to:**  
605-367-8305

**Scan and email to:**  
[access@southeasttech.edu](mailto:access@southeasttech.edu)

Please call Nadine Gjerde, Accessibility Services Coordinator, with any questions: 605-367-5727.