

NCC Student Accessibility Services Request for Accommodations



Northwest Iowa Community College (NCC) believes that disability is a naturally occurring aspect of humanity's diversity and is an integral part of society and the College. Northwest Iowa Community College believes in working collaboratively with students, Faculty, and Staff to provide accessible and equal opportunities for all students. Students with disabilities are encouraged to connect with the Student Accessibility Services Office to begin the individualized process of determining reasonable accommodations. For further information, contact the Student Accessibility Services Coordinator, Renee Franklin, at 712-324-5061 ext. 116 or disabilityserv@nwicc.edu. Any student who believes he/she may have been unlawfully denied accommodations may report a violation to the College pursuant to the Discriminatory Harassment and Accommodations Complaint Procedures policy. The College prohibits retaliation for requesting or using disability accommodations and NCC will impose consequences up to and including termination of employment of any Instructor who engages in retaliation.

In accordance with the Americans with Disabilities Act and the Vocational Rehabilitation act, NCC is committed to providing an accessible environment which supports students with disabilities to reach their full potential. Accommodations are available for students who have visual, hearing, mobility, learning or other types of disabilities to insure equal access to educational opportunities. NCC employs an Accommodations Coordinator to work with students to develop and coordinate services based on individual student need. If you are a student with a disability, who requires reasonable accommodations to participate at NCC, follow the steps listed below.

Request for Services Checklist

- Student should complete the Accommodations Application form on page 2.
- Complete the Release of Confidential Information form on page 3.
- Have your medical provider fill out the indicated sections. Documentation is required before requests for accommodations can be finalized. We require documentation of the disability by a licensed professional with expertise in your specific diagnosis. Please see our website for a list of acceptable provider credentials. If you have an IEP or 504 from high school, this may in some instances be used as the documentation of disability (please see the Accommodations Coordinator for more information).
- Schedule a meeting with the Accommodations Coordinator to discuss the accommodation form process, approved accommodations, and explain how to have a conversation with instructors.

Student Accessibility Services
Renee Franklin
Accommodations Coordinator
Phone: 712-324-5061 ex. 116
Email: rfranklin@nwicc.edu

- If approved, an accommodation award letter will be emailed to the student and their instructors through their NCC email. It is the student's responsibility to discuss accommodations with their instructor and how they will be practically implemented in that class.
- Returning students must submit a new Accommodations Application every semester to continue receiving accommodations. You will not need to submit new documentation from a medical provider.
- The student can contact the Student Accessibility Services Office at any time if they are experiencing issues implementing or receiving accommodations. Accommodations are not retroactive; therefore, you should contact the Student Accessibility Services Office in a timely manner to ensure coordination.

Accommodations Application

Student

Student's Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Anticipated Start Term: _____ Anticipated/Current Program: _____

Description of Disability: _____

When did you first start to experience symptoms of your disability?

Please describe how the disability limits or affects you in your day-to-day life and as a student.

What types of accommodations have you had in the past?

Please supply a list of requested accommodations and the barriers that will be removed as a result.

_____	_____
_____	_____
_____	_____
_____	_____

Release of Confidential Information

Student

Please sign this form before providing it to your health care provider to complete.

Student's Name: _____

Date of Birth: _____

Phone Number: _____ Email Address: _____

By signing below, I consent to allowing my health care provider to share any information relevant to my need for accommodations, as shown on this form, with Northwest Iowa Community College Student Accessibility Services Personnel or NCC Administration for the next 60 days.

Signature: _____ Date: _____

Health Care Provider

(The health care provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for accommodations; the form is provided as a convenience.)

The above-named student has indicated that you are the health care provider who is currently treating them for a disability. They are requesting accommodations in order to be able to access all of the services provided by Northwest Iowa Community College (NCC). We ask that you answer the indicated questions below to assist with understanding how the requested accommodations will ensure the student has the same educational opportunities as others. Generally, we prefer documentation from providers in the State of Iowa or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

Please describe the disability, including the date of initial diagnosis and DSM-5 Code (if applicable).

Provide a description of how the disability affects, limits, or impacts the student in their day-to-day life.

What assessment procedures and/or evaluation instruments were used to make the diagnosis?

Will medication impact the student's ability to meet the demands of the postsecondary environment?

Yes No If yes, describe how:

Please provide a list of appropriate accommodations, including the barrier that will be removed as a result.

Please supply any additional information that may be helpful.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (page 2) indicating written permission to share additional information with us in support of the request.

Please provide contact information, sign and date this questionnaire (below), and return it to **Student Accessibility Services Office, Northwest Iowa Community College, 603 West Park Street, Sheldon, IA 51201** or fax **712-324-4157, Attn: Accommodations Services**

Name and Title: _____

Address: _____

Telephone: _____

Fax and/or Email Address: _____

Professional Signature: _____ Date: _____

Type of License: _____ License #: _____

Non-Discrimination Policy: It is the policy of Northwest Iowa Community College not to discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by federal and state civil rights statutes and all other applicable federal and state laws, regulations and orders. The Board of Trustees shall monitor progress on this policy through the President's appointed Affirmative Action/Equity Coordinator(s).

If you have any questions or complaints related to compliance with this policy, please contact one of the Equity Coordinators at Northwest Iowa Community College, 603 West Park Street, Sheldon, Iowa, room D403b or room A101D, email equity@nwicc.edu, phone number 712-324-5061, extension 113 or extension 137, fax 712-324-4136; or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, Telephone: (312) 730-1560, Fax: (312) 730-1576, TDD: (800) 877-8339, Email: OCR.Chicago@ed.gov.