



NEVADA STATE
COLLEGE

**Resource Center for
Students with Disabilities**

NEW STUDENT PACKET



Resource Center for Students with Disabilities (RCSD)

Supporting Students with Disabilities in Higher Education

Nevada State College recognizes its responsibility and embraces the opportunity to meet the unique educational needs of students with disabilities. The Resource Center for Students with Disabilities is dedicated to providing a coordinated program of support services for students qualifying as disabled under the Americans with Disabilities Act (ADA) and Section 504 Guidelines. RCSD assists students in negotiating disability related barriers and strives to improve access, maximize independence, and promote opportunities to participate in, contribute to and benefit from academic and campus life. Confidential, sensitive, and individualized services are provided upon student request.

Our services are free of charge.

Students with documented disabilities that may require assistance are encouraged to contact the RCSD office by calling (702) 992-2180 or through electronic mail to nsc.rcsd@nsc.nevada.edu

Nevada State College
Resource Center for Students with Disabilities (**RCSD**)

Services Request/ In-Take Form

Date: _____ Expected Enrollment: _____

Student Information (PLEASE PRINT CLEARLY)

Name:	DOB:
Social Security #:	myNSC #
Home Phone #:	Cell/Work Phone #:
Email Address:	
Address:	City & Zip Code:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact:	Relationship:
Home/Cell Phone #:	

Qualifying disability _____

Type of documentation provided _____

Source _____ Date received _____

Date RCSD policies reviewed (leave blank) _____

General Information

- Are you now, or were you ever, a client of the Department of Rehabilitation?
 YES NO

If YES: What is your disability according to the Department of Rehabilitation?

- _____
- What is your counselor's name? _____
 - City: _____ Phone: _____

2. Are you receiving U.S. Veteran's Service Benefits? YES NO

If YES: What services or benefits do you receive? _____

Health Information

3. Do you have a primary care physician? YES NO

If YES:

Name: _____

Phone: _____

Address: _____

City/State/Zip Code: _____

4. Are you currently taking any medications? YES NO

If YES:

- Please give the name of each medication, the dosage, how long you have been taking it, and the reason it was prescribed.

- _____

Educational Information

5. Did you receive special education support services while in high school?
YES NO

If YES: Please explain when and what services you received.

6. Have you ever attended any other colleges or universities?
YES NO

If YES:

- When and where? _____
- What type of accommodations did you receive?

7. How many college/university credits have you earned? _____

8. What program/major are you currently enrolled in? _____

9. How many credits are you taking? _____

10. Are you required to take a certain number of credits? YES NO

If YES:

- How many? _____
- Why? _____

11. Describe any specific difficulties you feel you have that cause concern for successfully completing course work.

12. What accommodations do you feel would help you be successful in your course work?

13. Have you discussed your difficulties with your instructors, academic counselors, or a case worker? YES NO

14. What are your career goals? _____

15. What accommodations do you anticipate you will need once you are employed in the career of your choice? _____

Americans with Disabilities Act (ADA)

In 1990, Congress passed the Americans with Disabilities Act (ADA), modeled on Section 504 of the Rehabilitation Act of 1973. ADA is a civil rights law. It prohibits discrimination on the basis of a disability, as long as the person is otherwise qualified*. In the case of publicly funded colleges and universities, ADA affirms the right of a student with a disability a level playing field.

However, civil rights laws and the reasonable accommodations they call for, are in no way intended-nor are they able to-guarantee success.

***otherwise qualified means a student meets the same academic requirements and standards as nondisabled students. These requirements and standards must be considered to maintain the integrity of the course, program or college policy. For example, a student is required to meet the instructor's expectations for all students in regards to class participation, work standards, attendance, and ability to demonstrate acquired knowledge.**

Student Signature: _____

For RCSD office use only: (leave blank)

Accommodations for which the student qualifies, based on documentation of disability provided by the student and as approved by the RCSD Eligibility Team

Classroom Accommodations:

- ___ Alternative text format
- ___ Braille
- ___ Enlarged print
- ___ Note taker
- ___ Oral interpreter
- ___ Reader
- ___ Real time captioning
- ___ Scribe
- ___ Sign language interpreter
- ___ Tape recorder
- ___ Visual technology/CCTV
- ___ Other: _____

Testing Accommodations:

- ___ Alternate in-class seating
- ___ Braille
- ___ Calculator
- ___ Enlarged print
- ___ Extended time: ___times
- ___ Quiet testing environment
- ___ Reader
- ___ Scribe
- ___ Spelling dictionary
- ___ Visual technology/CCTV
- ___ Word processor
- ___ Other: _____

Disability:

ADD/ADHD	Mobility Impaired
Hearing Impaired/Deaf	Visually Impaired/Blind
Learning Disabled	Specific Learning Disability
Medically Fragile	Psychological Impairment
Traumatic Brain Injury	Emotional Impairment
Neurological Impairment	Other: (Identify)

Permanent: _____ Temporary: _____

Anticipated Duration: _____

Notes:

Student Signature: _____ Date: _____

RCSD Representative: _____ Date: _____



Student Responsibilities Agreement (read carefully)

The Resource Center for Students with Disabilities (*RCSD*) is specifically designed to offer assistance and support to eligible students who have a **documented disability**. In order to facilitate these services, the *RCSD* office requires your commitment to our procedures and conditions. Upon approval from the *RCSD* administrator, you will qualify for the appropriate accommodations as determined by evaluation of disability documentation and the in-take interview process. By accepting any of these accommodations, you agree to comply with the following contingencies as indicated.

1. Request for Accommodation Services: I agree to submit a request for accommodation services provided by the *RCSD* office **at least four weeks prior to the need for services**. I understand I must begin this process four weeks before the start of each semester to insure that services are available on a timely basis.

I will receive only the accommodations that have been approved by the Eligibility Team. If the Eligibility Team determines that additional documentation is necessary, acquiring appropriate documentation is my responsibility.

I understand that I am responsible for my grades and all course assignments that are required prior to my accommodations being provided.

2. Alternative Testing: I will schedule all exams at the beginning of each semester. It is my responsibility to make acceptable arrangements with the instructor with regard to exams being delivered to the testing location in advance of the scheduled test date as well as a procedure for returning completed exams. Additionally, I agree to all conditions set forth in the *RCSD* Alternative Testing Agreement.

3. Alternative Media: I understand that all materials issued to me must be returned to the *RCSD* office at the end of each semester.

4. Note Taking: I understand that I must attend class on a regular basis and that note taking does not excuse me from class attendance. I also agree to arrange to pick up copies of notes from either the note taker or the *RCSD* office; however I have elected to obtain the notes as documented on the Accommodation Request form, after each class session. I also understand that for the first class session, or if my note taker is absent, tape recorders to record the lectures are available for my use at the *RCSD* office, and that it is my responsibility to obtain and return the equipment.

5. Interpreting and Real –Time Captioning: I will attend all class sessions in

which interpreters or captionists have been assigned.

6. Cancellations: A 24-hour notice is required for cancellation of any of the above services. If I fail to give the proper cancellation notice on more than two occasions, accommodations may be suspended pending reinstatement through the *RCSD* administrator.

7. Consultations: I agree to meet with the *RCSD* administrator to evaluate my eligibility for the above services and to discuss my academic progress and/or changes to my needs or schedule that may affect my receiving these services. In addition, I agree to immediately notify the administrator in writing about any problems or concerns I may have regarding services received.

8. I understand I am strongly encouraged to meet with my academic advisor prior to registering for classes to ensure that course prerequisites are met and that I am working toward the degree plan of my choice.

9. I understand I must provide the *RCSD* office with a copy of my current class schedule for all classes for which accommodations are requested.

10. I understand I must return the signed Accommodation Letter before my accommodations will be in place.

11. I understand I do not have to disclose the nature of the disability to any professor. However, I may choose to meet individually with the professor and, if appropriate, discuss the agreed upon accommodations.

12. I understand that tutoring is available through Tutorial Services. **NO** tutoring is provided by the *RCSD* office. I may make an appointment to see my academic advisor to learn about other available academic support services.

13. I understand it is my responsibility to notify the *RCSD* office in advance if unable to keep a scheduled time with test proctors, readers, scribes, interpreters, or other service providers.

14. I understand it is my responsibility to notify the *RCSD* office in writing of any withdrawals and that I am encouraged to meet with an academic advisor prior to withdrawing.

15. I will return all equipment, enlarged materials, and alternative texts at the completion of the semester or at the time of withdrawal, to the *RCSD* office. Failure to do so will result in a hold on future registration and transcripts.

16. I understand I am responsible for notifying the *RCSD* office, in writing, about problems encountered, including those with service providers. If the situation is not resolved satisfactorily, the student is responsible for filing a formal complaint following the formal Grievance Procedure as outlined in the NSC Student Handbook. Copies of the Student Handbook, free of charge, are available in the Admissions Office.

I, (print name), _____ understand and agree to uphold all terms and conditions of this agreement.

Student Signature _____ **Date** _____



**STUDENT WAIVER OF RIGHTS
Family Educational Rights and Privacy Act and Confidentiality
Related to Disclosed Disability**

The Family Educational Right and Privacy Act (FERPA) (1974), as mandated, protects the privacy of all student educational records, which includes student grades. FERPA limits who may have access to such information.

I, _____, a student at Nevada State College (NSC), understand that NSC will preserve the confidentiality of my educational records, in keeping with FERPA, and any disclosed disability. NSC may not discuss with third parties, who have no need to know of such matters, without my written authorization.

In signing this form, I give express written permission for NSC, through its authorized agents to discuss the following specified information with the parties indicated.

Information to be released to:

(Names) _____

Specific information to be released:

(Example: educational and disability-related information) _____

Date Waiver or Rights to be enforced: _____

Signature: _____ Date: _____

Guidelines for Documentation

The guidelines below were developed to assist students working with the treating professionals to prepare the information necessary for evaluation of accommodation requests. The information identified is not necessarily exhaustive and it may be necessary in some cases for a student to provide additional or updated information. Once documentation is submitted to the RCSD Director, a meeting with the Eligibility Team will be scheduled to review the documentation. Upon approval by the Eligibility Team, accommodations can begin.

If, after reading these guidelines, a student has any questions, please contact the RCDS office at 992-2180.

- For individuals who have recently been receiving services from a public school system, the necessary information requested may be contained in the Psychological/Educational Evaluation from the most recent assessment/evaluation review. Some of the information may also be contained in an IEP, 504 Plan, or Transition Plan. The student must request this information separately from high school transcripts. **This information will serve to provide temporary accommodations for one semester. For continued services, the student must obtain a current adult medical or psychological/educational evaluation.**
- For individuals who are or have been recently receiving services from a state rehabilitation agency, much of the requested information will be contained in the most recent eligibility evaluation and/or the vocational plan.
- For individuals transferring from another college, the disability related information will not be sent with a transcript request. **The student must request** and authorize the release of the information separately and in writing.

As appropriate to the disability, documentation should include:

1. A diagnostic statement identifying the disability, date of the current diagnostic evaluation, and the date of the original diagnosis;

Under Federal law, a “disability” is a physical or mental impairment that substantially limits one or more major life activities. An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more life activities, a person who has a history or record of such impairment, or a person who is perceived as having such impairment. The diagnostic systems used by the Department of Education, the State Department of Rehabilitative Services or other State agencies and/or the current editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Statistical Classifications of Diseases and

Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.

2. A description of the diagnostic criteria and or diagnostic test used;

This description should delineate the specific results of diagnostic procedures, diagnostic tests utilized, and date administered. When available, both summary and specific test scores should be reported. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in sufficient detail so a professional colleague could clearly understand their role and significance in the diagnostic process.

3. A description of the current functional impact of the disability;

The current functional impact on physical, perceptual, cognitive, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures. Information is considered to be current when it provides a clear picture of the individual's **present functional levels**. The information provided will be used to assess and determine appropriate accommodations. Since a state of "currency" may be fluid in light of the nature of a disability, the evaluation will be predicated upon the typical progression of the specific disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that might impact functioning, and the relevance of information to the current request for accommodations.

4. Treatments, medications, assistive devices/services currently prescribed or in use;

The documentation must include a description of current treatments, medications, assistive devices, accommodations and/or assistive services and their estimated effectiveness in mitigating the impact of the disability. Significant side effects or interaction concerns that may impact physical, perceptual, behavioral, or cognitive performance must also be noted.

5. A description of the expected progression or stability of the impact of the disability over time;

This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation.

6. The credentials of the diagnosing professionals;

Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided.

7. Ancillary support recommendations;

The reporting professional's recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services will be considered based upon the diagnostic evaluation report. This may include collateral medical, psychological, and/or educational support services or training.

Recommendations from professionals with a history of working with the individual contribute valuable information to the review process. They will be included in the evaluation of requests for accommodations. Recommendations congruent with the programs, services, and benefits offered by the College will be given consideration. When recommendations extend beyond services and benefits provided by the College, they may be used to suggest potential referrals to outside area service providers.

Resource Center for Students with Disabilities
Nevada State College
311 S. Water St.
Henderson, NV 89015

Date: _____

Dear Medical Professional:

_____ has applied for accommodations through the Resource Center for Students with Disabilities, (RCSD) at Nevada State College. The following information is needed in order for the RCSD Eligibility Team to evaluate the student's need for accommodations. The letter must be legibly typed. Handwritten prescriptions are not acceptable. Please use full sentences and avoid abbreviations.

A diagnostic statement identifying the disability, date of current diagnostic evaluation, and the date of the original diagnosis

A description of diagnostic criteria and or diagnostic tests used

A description of the current functional impact of the disability

Treatments, medications, and/or assistive devices/services currently prescribed or in use

A description of the expected progression or stability of the impact of the disability over time

The credentials of the diagnosing professional

Other information you feel, as the treating professional, will assist the RCSD Director in evaluating the student's request for accommodations.

If you have any questions regarding the above request, please feel free to contact me by phone at 702-992-2180, fax at 702-992-2181, or email: nsc.rcsd@nsc.nevada.edu.

Thank you for your assistance.

Sincerely,

Rho Hudson, Ed.D.

Director, Resource Center of Students with Disabilities

Nevada State College