



## Office of Disability Services

### Intake Form

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

ATC Student Email address: \_\_\_\_\_@student.athenstech.edu

**(All official communication will be sent to your student email account once you are accepted)**

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Treating Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Therapist/Psychiatrist (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Are you working with the Department of Vocational Rehabilitation?  Yes  No

Name of VR Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read the TCSG Documentation Requirements for Special Services/Accommodations and I understand that I must submit official documentation to verify my disability and receive services.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### For Student Support Services use only:

Intake Form: Received Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Documentation: Received Date: \_\_\_\_\_ Received by: \_\_\_\_\_



Dear Athens Technical College Applicant/Student:

Thank you for contacting the Disability Services Office at Athens Technical College. We have established this program to provide assistance to any individual with an appropriately documented disability who requests academic adjustments and/or auxiliary aids in the classroom or for testing.

By definition, a disability that qualifies a student for accommodations in college is a physical or mental impairment that substantially limits one or more of the major life activities. These activities may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, walking, speaking, breathing, learning, reading, and working. In order to enroll in Disability Services, the college requires official documentation that verifies your disability. **As a post-secondary institution, Athens Technical College cannot accept IEPs or 504 Plans from high school to support the provision of academic adjustments.**

To determine the official medical or psychological documentation accepted, please see the attached Documentation Requirements for Special Services/Accommodations as set by the Technical College System of Georgia regarding a disability. In order to receive accommodations, your documentation must equal or exceed what is described in this attachment.

Once your documentation has been received by Disability Services, you will receive an email from the Disability Coordinator informing you that your paperwork has been evaluated and requesting that you make an appointment to review the Academic Accommodations that you may be eligible to receive. Please note that we must have a **minimum of three weeks** from the date of receipt of all documentation to evaluate your paperwork

As a college student, it is your responsibility to:

- identify yourself to the Disability Services Office as a person with a disability
- provide required documentation in a timely manner
- follow the procedures outlined by the college for obtaining assistance
- advocate for yourself if those academic adjustments and/or auxiliary aids to which you are entitled are not being provided

While we encourage students to utilize any academic adjustments or auxiliary aids to which they are eligible to receive, that decision is ultimately yours as a student to make. We look forward to assisting you!

Sincerely,

*Lauren Williams*

Lauren Williams  
Disability Coordinator  
Athens Technical College  
800 U.S. Highway 29 North • Athens, GA 30601  
706-355-5010 • Fax: 706-552-0970  
[lwilliams@athenstech.edu](mailto:lwilliams@athenstech.edu)

## **ATHENS TECHNICAL COLLEGE - Documentation Requirements for Special Services/Accommodations**

Any disability that affects learning and/or that necessitates an academic adjustment or auxiliary aid for a student to have an equal opportunity for education will require official medical or psychological documentation that verifies the disability, clarifies the area(s) of learning affected, and states the accommodations recommended by the physician or other qualified professional as appropriate for that given disability. Disability-specific requirements are listed below:

### **Criteria for Learning Disabilities (LD)**

- Psychological evaluation not more than three years old, signed by a professional qualified to make the diagnosis
- 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 professional qualified to make the diagnosis

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

- Medical and/or psychological evaluation not more than 3 years old, 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 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, signed by the specialist detailing the limitations on the student's 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, signed by a physician or other qualified professional
- Includes specific diagnosis for visual/hearing/health/mobility impairment and any test results which measure limitation(s) on learning
- Includes any medications or aids used by the student, including their effects on the student's ability to learn
- Includes recommendations for classroom accommodations by physician or other qualified professional

### **Criteria for Psychological Disorders**

- Medical or psychological evaluation not more than 3 years old, signed by a professional qualified to make the diagnosis
- 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 medication the student is taking and the impact it has on learning
- Includes recommendations for classroom accommodations physician or other qualified professional



### **PLEASE FORWARD OFFICIAL DOCUMENTATION OF DISABILITY TO:**

Lauren Williams, Disability Coordinator  
Athens Technical College

800 U.S. Highway 29 North • Athens, GA 30601

[williams@athenstech.edu](mailto:williams@athenstech.edu) • 706-355-5010 • Fax: 706-552-0970

# MEMORANDUM

To: Whom It May Concern  
From: Office of Disability Services  
Date: Current Academic Year  
Re: List of Accommodations for Athens Technical College

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This is a list of possible accommodations that might be offered to students with disabilities at Athens Technical College, relevant to their diagnosed disability. If you have any questions or need additional information, our contact information is listed above. Thank you.

- extended time on tests and quizzes (including final exams)
- testing room with minimal distractions
- use of an electronic spell checker for classroom tests, quizzes, and writing assignments
- use of a non-programmable calculator
- magnification/visual aid/large print
- sign language interpreter
- note-taker
- facilities modification
- equipment modification
- special test administration
- special test materials
- reserved seating (front row, back row, near exit, etc.)
- permission to tape lectures
- others as recommended by specialist



**ATHENS TECHNICAL COLLEGE**  
**Student Support Services – Disability Services**

**RELEASE OF INFORMATION**

**NAME** \_\_\_\_\_

**TO:** \_\_\_\_\_

**I.D. #** \_\_\_\_\_ **DOB** \_\_\_\_\_

Office/Agency

Representative

**With my signature, I hereby grant permission for the release of my records and information regarding my disability both to and from the Office of Student Support Services at Athens Technical College, with the understanding that these records and any related information will be kept in accordance with all state and federal regulations pertaining to student records. The information I request to be released is in regard to (please check all that apply):**

\_\_\_\_\_ **Diagnosis of Disability**

\_\_\_\_\_ **Recommendations for support services in postsecondary academic and occupational education settings.**

\_\_\_\_\_ **Copy of most recent psychological or psychiatric evaluation**

\_\_\_\_\_ **Copy of most recent medical evaluation**

\_\_\_\_\_ **Other:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Parent's Signature (if minor)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return requested information to:**

Athens Technical College – Lauren Williams, Disability Coordinator  
Office of Disability Services 800 US Hwy 29 N, Athens, GA 30601

**Email:** lwilliams@athenstech.edu

**Fax:** 706-552-0970

\_\_\_\_\_  
Witness  
Student Support Services Staff, Athens Technical College

\_\_\_\_\_  
Date