

## **Section VI.D.11. Students with Disability Rights Procedures**

These procedures supplement and clarify Section VI.D.11 of the Lone Star College System District Policy Manual (“Policy Manual”) last revised by the Board of Trustees on March 3, 2016—setting out the College’s policy for students with disability rights. The Policy Manual controls when a conflict arises between it and the procedures below. These procedures were last updated on June 23, 2016. The notice and comment period was open online to the public from **April 26, 2016** to **May 26, 2016**.

**1. Scope of Procedures.** The procedures below are intended to apply to College students requesting disability-based accommodations covered in Section VI.D.11 of the Policy Manual. The College recognizes and supports the principles set forth in federal and state laws designed to eliminate discrimination against qualified individuals with disabilities. The College believes in equal access to educational opportunities for all individuals. The College makes reasonable accommodations, including furnishing auxiliary aids and services, for qualified individuals with disabilities as required by law. These procedures are the College’s default procedures. However, the College understands that each person is unique and may require variations to these procedures to suit individual needs. Variations to these procedures require consent from the College’s Executive Director of Disability Services. College community members with questions or concerns regarding these procedures should contact the College’s Executive Director of Disability Services or the Office of the General Counsel.

**2. Student Responsibility to Request Accommodation.** Students must identify themselves each semester as individuals requesting accommodation based on a qualifying disability. “Accommodations” includes academic adjustments and requests for auxiliary aids and services.

**(a) Students Requesting Accommodation for Placement Test(s).** Students needing accommodation before a placement test must provide at least three working days’ notice to the Disability Services Office (“DSO”) at the college hosting the placement test. Every effort will be made to provide services for late requests. This section only applies to students needing placement test accommodation; not for classroom accommodation requests.

**(b) Students Requesting Accommodation for On-Campus Meetings.** Students needing accommodation for on-campus meetings must provide at least three working days’ notice to the DSO at the college hosting the on-campus meeting. Every effort will be made to provide services for late requests. This section only applies to students needing accommodation for on-campus meetings; not for classroom accommodation requests.

**(c) Students Requesting Classroom Accommodation at Lone Star College for the First Time.** In order to be considered eligible for classroom accommodation, students must provide notice and documentation of their disability to the DSO at the college in which they are enrolled. The College has a two-step procedure to reasonably

accommodate students with qualifying disabilities. Step (1) certifies the student's qualifying disability and step (2) determines the student's reasonable accommodation.

This procedure is meant to be interactive, deliberate, and collaborative between the College and the student. It is not meant to be burdensome, but it can take time—students are strongly urged to begin the procedure as soon as registration opens and at least **four** weeks before classes begin. By starting early, students are more likely to timely receive accommodations. The DSO accepts and considers requests for accommodation on a rolling basis throughout each semester. However, late requests, incomplete documentation, or failure to complete both parts of the procedure may result in accommodation request denial or delays in implementing accommodations. The College does not retroactively provide accommodations.

1. Certifying the Student's Qualifying Disability. In order for a student to become eligible to receive accommodation through the College, the student's qualifying disability must first be certified through documentation submission and verification as described below.<sup>1</sup>

**A. Submitting Disability Verification Documentation to the DSO.** At least four weeks before classes begin, students should ensure they have current disability verification documentation from a licensed or certified health care professional qualified to treat and diagnose their disability. Please note that K-12 school documentation may not be sufficient for post-secondary documentation requirements. Current documentation typically means no more than five years old but can vary depending on the nature of the disability. If students do not have current documentation, the College recommends they use the College's Disability Verification Form (Form 1).<sup>2</sup> There are multiple ways to acquire the qualifying disability documentation. All students must submit the Student Information & Disability Accommodation Request (Form 2). In addition to the Student Information & Disability Accommodation Request, students must also submit at least one of the following:

*College's Disability Verification Form (Form 1)* - Must be completed by a licensed or certified healthcare professional qualified to treat and diagnose the student's disability.

*Healthcare Professional Letter* - The licensed or certified healthcare professional can submit a signed and dated letter of their own on letterhead which must include: (1) a diagnostic statement identifying the disability and the

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<sup>1</sup> Students with apparent disabilities are asked to contact their college DSO directly to inquire as to whether they will need to submit medical documentation. All students must submit the Student Information & Disability Accommodation Request (Form 2).

<sup>2</sup> The College's Disability Verification Form provides information and forms the students can deliver to his or her health care provider to document the qualifying disability.

diagnosis date; (2) the disability's severity; (3) the medication currently prescribed if any; and (4) the recommended accommodations, if any, that may assist the student in minimizing the condition's impact in an academic setting.

*Full Evaluation/Diagnostic Report (Ex. – ETR, MFE)*

Once students acquire the necessary medical documentation and complete the Student Information & Disability Accommodation Request Form (Form 2), they must submit both via fax, email, or personal delivery to the applicable DSO. The College recommends that students follow up with their DSO to ensure the DSO has all necessary paperwork to certify their eligibility to receive accommodation.

**B. Submitted Documentation Reviewed and Certified by a DSO Provider.**

After the DSO receives the documentation, a DSO provider will review. If the DSO provider determines that the submitted documentation certifies that a student has a qualifying disability, the DSO provider will confirm with an email to the submitting student. The certification email from the DSO provider will be sent to the student's College designated email account (i.e., [janesmith@my.lonestar.edu](mailto:janesmith@my.lonestar.edu)). Students may request an alternate means of communication in their original submission. The email will instruct the student to schedule an appointment with a DSO provider. The College and student complete the first step of the two-step procedure once the College send the student that email.

**C. Submitted Documentation Reviewed and Not Certified by a DSO Provider.**

If the documentation submitted is not approved, the DSO provider will send the student an email with instructions on how to provide sufficient documentation and contact information for follow-up questions.

2. Determining the Student's Reasonable Accommodation. Once students receive their certification email and schedule their appointment, then step two of the two-step procedure can begin. In step two, the College and student work together to help the College determine the reasonable accommodation. Students must complete step two of the procedure to receive accommodation.

**A. Schedule and Attend the Intake Appointment with a DSO Provider.**

Once a student receives the certification email approving their documentation, they must immediately schedule an intake appointment with a DSO provider. Students who have registered for classes must bring their class schedule to the intake appointment. During the intake appointment, the student and the DSO provider will discuss the documentation submitted, barriers the student experiences, reasonable accommodations best suited for the student, and how to set up those accommodations. An accommodation will not be considered reasonable if it fundamentally alters the nature of a service, program, facility, or activity of the College.

Please note that certain types of accommodation will require the student to sign additional forms (i.e., Agreement for Interpretive Services, Agreement to Audio-Record Lectures, etc.).

**B. Providing the Accommodation Letter to Professors/Instructors.** Once the reasonable accommodation is determined, students will receive an accommodation letter for that semester specifying the accommodation(s). The letter may be provided immediately after the intake appointment or in the days following the appointment. The letter may also be emailed to the student's College designated account. Once students receive their accommodation letter, they must sign the letter before giving it to class instructors. Students wanting to use their accommodations in class must bring the signed accommodation letter to each class they intend to use the accommodation(s). The instructor for each class must then sign the accommodation letter and, subsequently, give the signed accommodation letter to the DSO provider via email or interoffice mail. Ideally, students give their accommodation letter to instructors on the first day of class.

Students are expected to be their own self-advocates. However, students are reminded that the DSO providers can help students advocate for themselves and their accommodations if desired. The College recommends students discuss the accommodation with their instructors in addition to giving them the letter to ensure the accommodations are understood and appropriately implemented. Students are not required to disclose the nature of their disability to the instructor. If students encounter any difficulty with their accommodation, its implementation, or acquiring instructor signature, they should notify the DSO provider immediately.

There may be circumstances in which a student's accommodation is determined to fundamentally alter the nature of a College course or program. In such a case, the accommodation is considered unreasonable. Either the student or instructor will immediately notify the DSO provider if an accommodation is considered to fundamentally alter a course. The DSO provider will determine what adjustment, if any, needs to be made to the student's accommodation.

Students need not give a class instructor the accommodation letter if they decide not to use their accommodation for that class.

**(d) Returning Students Requesting Previous Accommodation(s):** Returning students who previously completed the two-step procedure of certifying the qualifying disability and determining the reasonable accommodation must request accommodation each semester they wish to receive their approved accommodation(s). Returning students do not have to repeat the entire procedure. To request the previously granted accommodation, students must simply submit their class schedule and a Request for Continued Services (Form 3) to the DSO provider. The DSO provider will contact students if a problem arises with an accommodation for a specific class. However, if students

request changes to previously approved accommodations, then updated documentation may be required.

1. Same Accommodation(s). If the returning student's disability has not changed and the student plans to use the same accommodation(s) previously granted, the student must submit a class schedule and the Request for Continued Services (Form 3) to the DSO provider at least one week before classes begin. The student may submit via fax, email, or personal delivery. The DSO provider will review and, if permissible, a new signed accommodation letter for that semester will be emailed to the student. The student must sign the accommodation letter before giving it to the applicable class instructor(s) for their signature. The instructor then signs the letter and emails it to the DSO provider afterward.

2. Change in Disability or Change in Accommodation(s). Changes in a student's disability or accommodation may require additional documentation.

(i) **Students desiring changes to their accommodations** will need to schedule an appointment with a DSO provider to ensure their eligibility for that accommodation based on the documentation previously submitted.

(ii) **Students experiencing changes in their disabilities** requiring additional or different accommodations may be required to give additional or updated documentation.

Students are urged to submit the Request for Continued Services (Form 3) along with any additional documentation they may have to the DSO at least four weeks before classes begin. A new accommodation letter will be given to the student once the DSO approves any changes. The student must sign the accommodation letter before giving it to the applicable class instructor(s) for their signature. The instructor then signs the letter and emails it to the DSO provider afterward.

**(e) Online Students.** Students only enrolled in online classes must request accommodation in the same manner as students taking classes on the College's premises. Students should, if applicable, request accommodation from their home college which is detailed in their mylonestar account page. Students must still schedule the required appointments with the DSO provider. However, these appointments may be done via telephone, video conference, or in another format that suits the DSO provider and student. Once the student receives the accommodation letter, the student must still sign the letter and then email it to the online instructor for the courses in which the student desires accommodation. The instructor then signs the letter and emails it to the DSO provider afterward. Students are urged to follow-up with the instructor regarding the accommodation and determine whether technical support will be needed to implement the accommodation.

**(f) Multi-Campus Students:** Students enrolled at multiple campuses during a semester should, if applicable, request accommodation from their home college which is detailed

in their mylonestar account page. Additional DSO providers may need to be involved with multi-campus students especially with regard to specific facility accommodations at different colleges.

**(g) Auxiliary Aids and Services.** Students requesting auxiliary aids and services such as interpreting or notetaking services must have completed the two-step procedure with the DSO. Because many of the offered auxiliary aids and services are scheduled based on students' class schedules, the College urges students to register for classes early and complete the two-step procedure to ensure that services are scheduled before classes begin. Every effort will be made to provide services for late requests. All students receiving auxiliary aids and services will receive additional instructions from the DSO provider.

### **3. Requests for Reconsideration or Revision of Accommodations and Discrimination Complaints.**

**(a) Requests for Reconsideration of Accommodation Denial and/or College-Proposed Accommodation.** Students may appeal denied accommodations by submitting a Request for Reconsideration (Form 4) within two weeks of the College denying an accommodation request. The Request for Reconsideration shall be submitted to the Executive Director of Disability Services. Once a student has timely submitted his or her Request for Reconsideration, the Executive Director of Disability Services will review and make a determination within five working days. Students may appeal the Executive Director of Disability Services' decision in the manner described in Section VI.D.12 (Student Civil Rights Complaints). Students may appeal College-proposed accommodations in the same manner.

**(b) Requests for Accommodation Revisions.** After a student is certified as having a qualifying disability and the accommodation is implemented, the student may determine the accommodation needs revision at some point during the semester. Any revision desired by the student must be approved by the DSO; the instructor does not have the authority to change the accommodation. The DSO may determine that a conference with the instructor and student is necessary to determine what accommodation will work best for the student in that course. If the revision is approved by the DSO, the student and instructor must sign the revised accommodation letter and return it to the DSO.

**(c) Complaints.** Students encountering difficulties or disputes related to their disability or accommodations are encouraged to contact their DSO and the Executive Director of Disability Services as soon as practicable to resolve the dispute informally if possible. A DSO provider will discuss the student's concerns and provide options to help the dispute's resolution.

If the student is unsatisfied with the informal dispute resolution, or if it is unreasonable to resolve the issue informally, the student may submit a complaint in the manner described in Section VI.D.12 (Student Civil Rights Complaints). The Executive Director of Disability Services will be included in all Student Civil Rights Complaints alleging

disability discrimination unless the Executive Director is the respondent to the complaint.

1. Academic Appeal citing Accommodation Implementation. Students are encouraged to discuss accommodation implementation problems with their DSO. Student unable to informally resolve an academic issue related to their accommodation implementation, *i.e.* a request to change a grade, or to challenge a penalty imposed for violation of standard of academic integrity, may file an Academic Appeal (Board Policy section V.C.3).

Any College personnel receiving an Academic Appeal citing improper accommodation implementation shall notify the Executive Director of Disability Services. The Executive Director of Disability Services shall provide a recommendation to the Chief Academic Officer or the Academic Appeals Committee. The Chief Academic Officer or the Academic Appeals Committee shall consider the recommendation provided by the Executive Director of Disability Services. Once the Chief Academic Officer or the Academic Appeals Committee makes a decision, the Chief Academic Officer will inform the Executive Director of Disability Services.

Students may also file a complaint at any time with the regional Office of Civil Rights at the U.S. Department of Education or through the civil court system.

**(d) Prohibition of Retaliation or Coercion.** The College prohibits any College community member from retaliating against any individual because that individual (i) opposed any act or practice made unlawful by applicable laws or this policy or (ii) submitted a complaint, testified, assisted, or participated in any investigation, proceeding, or hearing under applicable law or this policy. College community members who violate this policy will be disciplined accordingly. Any individual experiencing retaliation or coercion is asked to contact the DSO and the Executive Director of Disability Services immediately.

4. **Responsible Employee Designation.** Appendix A includes the names and contact information for the College's Responsible Employee Designee as well as the contact information for each college DSO.

Effective Date: June 27, 2016



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Dr. Stephen C. Head  
Lone Star College

# **APPENDIX & FORMS**



## APPENDIX A

### **(a) Executive Director of Disability Services.**

Kristin Lue King  
5000 Research Forest Drive  
Office WLB 163  
The Woodlands, TX 77381  
Office: 832.813.6633  
Fax: 832.813.6730  
[Kristin.A.LueKing@LoneStar.edu](mailto:Kristin.A.LueKing@LoneStar.edu)

### **(b) The College's Disability Services Offices.**

#### **LSC-CyFair, LSC-Cypress Center, and LSC-Fairbanks Center**

Stephanie Dillon  
LSC-CyFair  
9191 Barker Cypress Road  
Cypress, TX 77433  
Office: CASA 109H  
Phone: 281.290.3260  
Fax: 281.290.5289  
[Stephanie.G.Dillon@LoneStar.edu](mailto:Stephanie.G.Dillon@LoneStar.edu)

#### **LSC-Kingwood, LSC-EMCID Center, and LSC-Atascocita Center**

Lee Ann C. Liebst  
LSC-Kingwood  
20000 Kingwood Drive  
Kingwood, TX 77339  
Office: SCC 205  
Phone: 281.312.1453  
Fax: 281.312.1559  
[LeeAnn.C.Liebst@LoneStar.edu](mailto:LeeAnn.C.Liebst@LoneStar.edu)

#### **LSC-Montgomery and LSC-Conroe Center**

Vicky Saunders  
LSC-Montgomery  
3200 College Park Drive  
Conroe, TX 77384  
Office: C-221A  
Phone: 936.273.7239  
Fax: 936.273.7207  
[Victoria.A.Saunders@LoneStar.edu](mailto:Victoria.A.Saunders@LoneStar.edu)

**LSC-North Harris, LSC CHI Institute, LSC-Health Professions Building, and LSC Transportation Institute**

Michelle Barksdale  
LSC-North Harris  
W.W. Thorne Drive  
Houston, TX 77073  
Office: Winship, WN-120C  
Phone: 281.765.7938  
Fax: 281.618.5763  
[Michelle.M.Barksdale@LoneStar.edu](mailto:Michelle.M.Barksdale@LoneStar.edu)

**LSC-Tomball, LSC-Tomball Health Science Building, and LSC-Creekside Center**

Carolyn L. DeFlanders  
LSC-Tomball  
30555 Tomball Parkway  
Tomball, TX 77375  
Office: C100G  
Phone: 281.357.3777  
Fax: 281.351.3303  
[Carolyn.L.DeFlanders@LoneStar.edu](mailto:Carolyn.L.DeFlanders@LoneStar.edu)

**LSC-University Park and LSC Energy & Manufacturing Institute**

Jennifer Crawford  
LSC-University Park  
20515 SH 249  
Houston, TX 77070-2607  
Office: Bldg. 13, Room 220B  
Phone: 281.401.5366  
[Jennifer.Crawford@LoneStar.edu](mailto:Jennifer.Crawford@LoneStar.edu)

**LSC-Greenspoint Center**

Marilyn Martin  
LSC-Greenspoint Center  
250 N. Sam Houston Pkwy E.  
Houston, TX 77060  
Office: Greenspoint 314  
Phone: 281.260.3522  
[Marilyn.A.Martin@LoneStar.edu](mailto:Marilyn.A.Martin@LoneStar.edu)

**LSC-Victory Center**

Marilyn Martin  
LSC-Victory Center  
4141 Victory Drive  
Houston, TX 77088  
Office: Victory 106  
Phone: 281.260.3522  
[Marilyn.A.Martin@LoneStar.edu](mailto:Marilyn.A.Martin@LoneStar.edu)

**DISABILITY VERIFICATION FORM (Form 1)**  
**Medical Provider Verification**



Dear Health Care Professional,

One of your patients is a student at Lone Star College requesting a disability-based academic accommodation. Accommodations are made for qualified students with a disability in order for them to equally participate in all programs and services offered by the College to ensure compliance with all applicable disability laws. In order for the Disability Services Office to determine the student's accommodation eligibility, we need your clinical assessment/diagnosis of the student. You may fax us a copy, but our records must include an original with your signature and business card. In addition to the form provided, you may provide supplemental information on your letterhead.

In order for the student to be certified as eligible, the documentation must show how the disability substantially limits one or more major life activities. Current and relevant information is required in order to determine the appropriate reasonable accommodation that may be offered to the student.

**All information should be completed by a medical provider qualified to diagnose and treat the student's disability.**

Please provide the following:

- (a) A completed and signed Provider Verification packet for each disability and
- (b) Your business card stapled to each Provider Verification packet.

The information you provide will be kept confidential in accordance to the Family Education Rights and Privacy Act (FERPA) and may be released to the student upon written request for records.

If you have any questions regarding this form or opportunities for the student, please contact Disability Services at the information listed below. We may also contact you directly for supplemental information if necessary to make a determination

Thank you for your assistance,

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\*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual except as specifically allowed by this law. To comply with this law, **we are asking that you not provide any genetic information when responding to this request for medical information.** "Genetic information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**Provider Verification of Physical/Medical Disability**

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

*To the Student:* **The form below the line must be completed by your medical provider** who is qualified to diagnose and treat your disability. The Disability Services Office reserves the right to request additional documentation or contact your provider for additional information. If this form is completed by anyone other than a qualified licensed profession, the information will not be used to support your accommodation request. Inaccurate and incomplete documentation may hinder the College’s ability to accommodate you based on its policies and procedures.

Please sign the box below to give your medical provider authorization to release information to the Disability Services Office.

<p>I, _____, authorize my medical provider to release to Lone  <div style="text-align: center; font-size: small;">Printed Student Name</div> Star College’s Disability Services Office the medical information requested on this form for the purpose of determining appropriate accommodations for my disability while a student at Lone Star College.</p> <p>Patient Signature: _____ Date: _____  <div style="text-align: center; font-size: small;">Student Signature</div></p>
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**TO BE COMPLETED BY MEDICAL PROVIDER**

Is the student currently under your care?  No  Yes If yes, for how long? \_\_\_\_\_

\_\_\_\_\_

What is the diagnosis/impairment/condition? (Please describe and use ICD 10 diagnostic codes and or APA DSM 5)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Onset: \_\_\_\_\_

**A. FUNCTIONAL LIMITATION CHART**

**Reminder:** Please identify functional limitations without regard for mitigating measures (i.e., medications). For intermittent conditions, assess functional limitations based on a picture when all symptoms are active. Use an “X” to indicate level of impact on major life activities.

Major Life Activities	No Impact	Moderately Impacts	Substantially Impacts	Unknown
Communicating				
Concentrating				
Hearing				
Learning				
Manual Tasks				
Reading				
Seeing				
Thinking				
Walking				
Working				
Sitting				
Other:				

What are the specific functional limitations resulting from the disability’s impact on the major life activities in a learning environment (e.g. unable to handle stairs, miss class due to side effects from disability or medication, unable to sit for long periods of time)? \_\_\_\_\_

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Are the functional limitations permanent?  No  Yes If no, what is the anticipated date of resolution? \_\_\_\_\_

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Is the student currently undergoing treatment?  No  Yes If yes, please describe the type of treatment and list any medications and possible side effects that may affect the student in an academic setting: \_\_\_\_\_

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**B. FUNCTIONAL OR BEHAVIORAL PRESENTATION CHART**

Please use an “X” to indicate additional limitations or behavioral manifestations.

<b>Limitations and Behavioral Manifestations</b>	<b>Not an Issue</b>	<b>Moderate Issue</b>	<b>Substantial Issue</b>	<b>Unknown</b>
Cognitive Processing				
Memory				
Processing Speed				
Meeting Deadlines				
Attending class				
Organization				
Reasoning				
Stress				
Sleep				
Appetite				
Other:				

What are the specific behavioral limitations resulting from the disability’s impact on the major life activities in a learning environment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are the behavioral limitations permanent?  No  Yes If no, what is the anticipated date of resolution? \_\_\_\_\_

\_\_\_\_\_

Is the student currently undergoing treatment?  No  Yes If yes, please describe the type of treatment and list any medications and possible side effects that may affect the student in an academic setting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Provider Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ State License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH  
BUSINESS CARD  
HERE**

# STUDENT INFORMATION & DISABILITY ACCOMMODATION REQUEST (Form 2)

*Accommodations Requests also include requests for Auxiliary Aids and Services*



## Student Information:

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Primary telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you give permission to leave confidential information on voicemail? Y \_\_ N \_\_

Would you like to receive email updates and reminders from our office? Y \_\_ N \_\_

Emergency Contact Information (optional):  
\_\_\_\_\_

Are you currently enrolled at Lone Star College? Y \_\_ N \_\_

Date \_\_\_\_\_

Semester \_\_\_\_\_

Year \_\_\_\_\_

If yes, check campus:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cy-Fair        | <input type="checkbox"/> Aldine Center   | <input type="checkbox"/> Greenspoint Center |
| <input type="checkbox"/> Kingwood       | <input type="checkbox"/> Tomball         | <input type="checkbox"/> Fairbanks Center   |
| <input type="checkbox"/> Cypress Center | <input type="checkbox"/> Creekside       | <input type="checkbox"/> Victory Center     |
| <input type="checkbox"/> Montgomery     | <input type="checkbox"/> University Park | <input type="checkbox"/> Atascocita Center  |
| <input type="checkbox"/> North Harris   | <input type="checkbox"/> Conroe Center   | <input type="checkbox"/> Other _____        |

If no, when will you enroll and where? \_\_\_\_\_

Career Goal or Major: \_\_\_\_\_

## Disability Information:

What is your disability or disabilities? \_\_\_\_\_

Check All That Apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Mental Health          | <input type="checkbox"/> Physical/Mobility |
| <input type="checkbox"/> Asperger's/Autism    | <input type="checkbox"/> Blind/Low Vision       | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury | _____                                      |
|   |   | _____                                      |

What accommodations will assist you in your academic life? \_\_\_\_\_

Check all support you receive and list corresponding contact information:

- DARS (Department of Assistive and Rehabilitative Services)
- VA
- MHMR (Mental Health Services)
- OTHER \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## STUDENT AGREEMENT REGARDING DISABILITY ACCOMMODATION REQUESTS



**Please read carefully and initial each statement below indicating your agreement:**

\_\_\_\_ I understand that I must submit a request for accommodation and provide requested documentation of my disability to the Disability Services Office at the college where I am enrolled in order to be eligible to receive accommodation(s).

\_\_\_\_ I understand that accommodation requests with approved documentation may take 2-4 weeks to be processed and, if possible, implemented by the College.

\_\_\_\_ I understand that, for the Disability Services Office to provide effective accommodation(s) for me, information related to my enrollment, courses, and disability will be used by the Disability Services Office for purposes of preparing or providing reasonable accommodation.

\_\_\_\_ I consent to the College's Disability Services Offices to communicate regarding my disability as it pertains to my accommodations, educational needs, and progress.

\_\_\_\_ I consent to the Disability Services Offices to communicate with my instructors regarding proposed or approved accommodation(s), my educational needs, and progress reports as needed. Unless specifically requested in writing, the Disability Services Office will not communicate my disability outside of personnel in the College's Disability Services Office.

\_\_\_\_ I understand that I must meet with the Disability Services Office each semester I am enrolled to be eligible to receive accommodation(s).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**For Disability Services Office Use Only:**

Did student provide and attach requested documentation to be eligible for accommodation? Y \_\_\_\_ N \_\_\_\_

If no, was student provided with a Disability Verification Form and reminded of his or her responsibility to obtain said documentation prior to being eligible for accommodation? Y \_\_\_\_ N \_\_\_\_

Did Disability Services provider and student discuss the student's class schedule and specify which courses he or she desired accommodation(s) for? Y \_\_\_\_ N \_\_\_\_

D SO Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT REQUEST FOR CONTINUED SERVICES (Form 3)

This Form is for students who have previously completed the College's two-step process for receiving accommodation from the Disability Services Office (DSO). If you have not completed the College's two-step process, please use the Student Information & Disability Accommodation Request (Form 2). Please note that submission of this form does not automatically grant accommodation. Once submitted, a DSO provider will review this Form and determine whether the you are eligible for accommodation. Eligible students will receive an accommodation letter from the DSO for the current semester.

### Student Information:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Primary telephone: \_\_\_\_\_ Email: \_\_\_\_\_

When did you receive accommodation at Lone Star College? Semester \_\_\_\_\_ Year \_\_\_\_\_



### College of enrollment:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cy-Fair        | <input type="checkbox"/> Aldine Center   | <input type="checkbox"/> Greenspoint Center |
| <input type="checkbox"/> Kingwood       | <input type="checkbox"/> Tomball         | <input type="checkbox"/> Fairbanks Center   |
| <input type="checkbox"/> Cypress Center | <input type="checkbox"/> Creekside       | <input type="checkbox"/> Victory Center     |
| <input type="checkbox"/> Montgomery     | <input type="checkbox"/> University Park | <input type="checkbox"/> Atascocita Center  |
| <input type="checkbox"/> North Harris   | <input type="checkbox"/> Conroe Center   | <input type="checkbox"/> Other _____        |

### Disability Information:

Has your disability changed? Y \_\_\_\_\_ N \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

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Are you submitting updated documentation? Y \_\_\_\_\_ N \_\_\_\_\_

Are you requesting the same accommodation(s) previously granted by the College? Y \_\_\_\_\_ N \_\_\_\_\_

If No, please explain: \_\_\_\_\_

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Is your current class schedule attached? Y \_\_\_\_\_ N \_\_\_\_\_

### STUDENT AGREEMENT REGARDING CONTINUED SERVICES REQUESTS

**Please read carefully and initial each statement below indicating your agreement:**

\_\_\_\_ I understand that I must submit a request for continued services to the Disability Services Office be eligible to receive previously granted accommodation each semester.

\_\_\_\_ I understand that changes to my disability or my previously granted accommodation may require me to provide additional or updated documentation.

\_\_\_\_ I understand that changes to my disability or my previously granted accommodation may take 2-4 weeks to be processed and, if possible, implemented by the College.

\_\_\_\_ I understand that, for the Disability Services Office to provide effective accommodation(s) for me, information related to my enrollment, courses, and disability will be used by the Disability Services Office for purposes of preparing or providing my reasonable accommodation.

\_\_\_\_ I consent to the College's Disability Services Offices to communicate regarding my disability as it pertains to my accommodations, educational needs, and progress.

\_\_\_\_ I consent to the Disability Services Offices to communicate with my instructors regarding proposed or approved accommodation(s), my educational needs, and progress reports as needed. Unless specifically requested in writing, the Disability Services Office will not communicate my disability outside of personnel in the College's Disability Services Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**For Disability Services Office Use Only:**

Did student attach class schedule? Y \_\_\_\_ N \_\_\_\_

Are students previously provided accommodations reasonable for the current classes? Y \_\_\_\_ N \_\_\_\_

Did student have a change in disability? Y \_\_\_\_ N \_\_\_\_

If yes, did student provide additional or updated documentation? Y \_\_\_\_ N \_\_\_\_

Did student request a change in the previously provided accommodation(s)? Y \_\_\_\_ N \_\_\_\_

If yes, does the change requested require additional or updated documentation? Y \_\_\_\_ N \_\_\_\_

DSO Provider: \_\_\_\_\_ Date: \_\_\_\_\_

