



District: \_\_\_\_\_

### APPLICATION FOR DISABILITY SERVICES

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

***Appropriate documentation of your disability MUST be received for services.***

What is the applicant's disability that may impact ability to learn college level skills and knowledge?

Cognitive  Physical/Mobility  ADD/ADHD

Mental/Emotional  Hearing Impaired/Deaf

Other (please list) \_\_\_\_\_

**Note: any claimed diagnosis must be accompanied by a report from a licensed psychologist / psychiatrist/ medical doctor to claim the appropriate disability. IEP's are not sufficient for documentation requirements.**

Upon completion of this application and appropriate documentation submitted, an appointment must be arranged with the Director of Student Affairs and the Department Chair.

Who will assist in monitoring the attendance of the student with a disability?

Veteran's Administration  Division of Rehabilitation Services  State Services

OST Vocational Rehabilitation Services

Name of Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

May we contact this person to discuss your progress, or get additional information about your disability?

Yes No (if yes, please sign below)

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, \_\_\_\_\_ 20 \_\_\_\_\_

Student Name

Address

Hereby authorize the Director of Student Affairs to release information concerning my disability to any individual directly related to my academic life during my enrollment at Oglala Lakota College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Disability Services**

**Provider Questionnaire**

**Please have the evaluating psychologist/psychiatrist/physician complete the following form and return to the Director of Student Affairs to review with the department chair:**

**Student Name:** \_\_\_\_\_

Based on evaluation and testing results, does the applicant have the ability to benefit from college level education?

Does the applicant display behaviors that may interfere with classroom learning?

Would the applicant benefit more from specialized educational programs than from college level courses?

Is it likely that the applicant can attain college level reading comprehension within two semesters of remedial instruction?

If the applicant could benefit from college level instruction with certain accommodations, what are the accommodations? (NOTE: Students with disabilities are not exempt from following OLC policies and procedures nor can academic requirements be waived.)

Recommendation(s) for the student (if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_