



Office of Disability Services Recruitment Packet

Dear TRC Student,

The Office of Disability Services (ODS) provides a variety of services to all Three Rivers College students who have a documented disability. The ODS office is located on the 1st floor of the Westover Administration Building and is open Monday- Friday 8:00 a.m.- 5:00 p.m. Summer office hours during June and July are Monday-Thursday 7:00 a.m.- 6:00 p.m.

The ODS offers academic accommodations to students with disabilities in accordance with the 1993 Rehabilitation Act, The Americans with Disabilities act of 1990, and the ADA Amendment Act of 2008. In order to be successful at Three Rivers, students are strongly encouraged to register with the Office of Disabilities Services regarding any documented disability, even if you are not seeking accommodations at this time. Students are not required to self-identify, but if they do, they must verify their disability with supporting medical documentation performed by a qualified professional.

It is the responsibility of the student requesting accommodations to present documentation and request accommodations prior to the beginning of each semester. Eligibility for reasonable and appropriate accommodations will be determined on an individual basis. Please note that services cannot begin until a completed application (Request for Accommodations, supporting documentation, and current class schedule) is on file with the Office of Disability Services and the disability has been verified according to the ODS requirements. Please refer to College policy SP 2115 and regulation SR 2115 Disability Services for Students for more information.

We look forward to working with you this semester. Please direct all questions regarding accommodations and appropriate documentation requirements to the Coordinator of Disability Services. Please complete the form provided and return to:

Three Rivers College
Office of Disability Services
2080 Three Rivers Blvd.
Poplar Bluff, MO 63901
Phone: 573-840-9608
Fax: 573-840-9018
Email: disabilityservices@trcc.edu



Office of Disability Services Frequently Asked Questions

Who Is Eligible for Services?

All students attending Three Rivers College with a documented disability are eligible for services and encouraged to contact the Office of Disability Services (ODS). Please refer to College policy SP 2115 and regulation SR 2115 Disability Services for Students for more information.

How Do You Apply for Disability Services?

After being admitted to Three Rivers College, you must complete an ODS Accommodations Request Form (2 pages) and submit the proper documentation that verifies the disability(s).

How Are Accommodations Determined?

Accommodations are determined from the documentation provided, the student's background, and an interview with the student.

Service Animals

Under the ADA, a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. In situations where it is not obvious that the dog is a service animal, staff may ask only two specific questions: (1) is the dog a service animal required because of a disability? and (2) what work or task has the dog been trained to perform? Current vaccination records for the service animal are required.

Guidelines for Documenting Medical Disabilities (Hearing, Visual, and Mobility)

1. The clinician must be qualified to make the diagnosis in the area of specialization.
2. The evaluation must be written on professional letterhead, be current, and contain the date of the student's appointment.
3. Documentation must clearly support the claimed disability with relevant medical history.
4. The documentation must include student's current medication, treatments, and assistive devices and technologies.
5. The written documentation should also include functional limitations resulting from the disability, which specifically states the College's residential and educational settings.

Guidelines for Documenting Learning Disabilities

1. A qualified professional must conduct the evaluation.
2. Testing must be current (past three years).
3. Comprehensive documentation necessary to confirm the learning disability must be provided (prior documentation may be useful in determining appropriate services, such as an Individual Education Plan [IEP] or a 504 plan), but these documents are only used for the diagnosis, not as the recommended accommodations.



Disability Services Accommodation Request Form

Name: _____

Home Address: _____

City: _____ State _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

1. Select all that apply:			
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> AD/HD
<input type="checkbox"/> Deaf	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Psychiatric Disability
<input type="checkbox"/> Blind/Partial Sight	<input type="checkbox"/> Developmental Disability	Other: _____	

2. Select all the accommodations related to your disability that you are requesting:			
<input type="checkbox"/> Extended time on tests	<input type="checkbox"/> Note taking services	<input type="checkbox"/> Preferred seating in the classroom	<input type="checkbox"/> Quiet testing area
<input type="checkbox"/> Textbooks on Audio	<input type="checkbox"/> Housing	<input type="checkbox"/> Service Animal	Other: _____

3. Do you have current medical documentation on file with the Office of Disability Services?
<input type="radio"/> Yes <input type="radio"/> No

4. Do you give permission for the Coordinator of Disability Services to share any relevant information with Three Rivers instructors or Student Services staff regarding my disability?
<input type="radio"/> Yes <input type="radio"/> No

5. You understand that in case of a medical emergency, Three Rivers College faculty and staff are required to call 911:
<input type="radio"/> Yes <input type="radio"/> No

6. If you are registering a service animal, you understand that you will be responsible for maintaining the temperament of the service animal and current vaccination records to the Office of Disability Services:
<input type="radio"/> Yes <input type="radio"/> No

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature, and certifies that all the information contained on this form and the attached documentation submitted is complete and correct. If I purposely give false or misleading information I may be fined, sentenced to jail, or both.

Student Signature: _____	Date: _____
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Please refer to College Policy SP 2115 and regulation SR 2115 Disability Services for Students for more information.

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.



Release Authorization

The Family Education Right and Privacy Act of 1974, as amended, prohibits the release of a student's academic information without the student's written consent.

Please complete the following information:	
Student's Name: _____	
Student's ID: _____	Date of Birth: _____
Home Phone# _____	Cell Phone# _____
E-mail Address: _____	

Release to speak with guardians/family of _____	
By typing my name above, I agree to the below statement.	
Please type initials:	In accordance with FERPA, I authorize the coordinator and office staff of the Office of Disability Services at Three Rivers College to speak with the family or guardians of the student listed above. I understand the coordinator and office staff of the Office of Disability Services at Three Rivers College will NOT discuss anything, except the student's disability, with any of the people listed below.

NAME AND RELATIONSHIP OF PERSON(S) TO WHOM EDUCATION RECORDS MAY BE RELEASED:	
Name:	Relationship to student:
Name	Relationship to student
Name	Relationship to student:
Name	Relationship to student:

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature, and certifies that all the information contained on this form and the attached documentation submitted is complete and correct. If I purposely give false or misleading information I may be fined, sentenced to jail, or both.

Student Signature: _____	Date: _____
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NOTE: Save this form to your PC before submitting, then open the saved form, and "Click to Submit". If the submit button does not work, then attach this form to an e-mail to: disabilityservices@trcc.edu