



Disability Services

Welcome to the Disability Support Services Office (DSSO) at Northwest Mississippi Community College. This office provides accommodations for students who self-identify and provide documentation of a disability. After receiving documentation of a disability, the DSSO works with the student to develop a plan for reasonable accommodations that are specific to the student's disability.

*Northwest Mississippi Community College
Tate Hall
4975 Highway 51 North
Senatobia, MS 38668*

Missy Kelsay, DSSO Coordinator
email: mkelsay@northwestms.edu
662-562-3309(P) 662-562-3315(Fax)

DeSoto Center/Olive Branch/Ashland

Terri Reeves, CTE Support Services Coordinator, Office 307
(662) 280-6193
Email: treeves@northwestms.edu

Lafayette-Yalobusha Technical Center/ Batesville

Betsy Grubbs, CTE Support Services Coordinator, Office 121
(662) 238- 7951
e-mail: bgrubbs@northwestms.edu

The Disability Support Services Office offers:

- Classroom accommodations
- Temporary handicap parking decal if medically necessary
- Counseling
- Emails/letters to instructors requesting accommodations
- Liaison services between faculty and student about disability needs
- Assistance with scheduling



Step-by-Step Guide for Students to Receive Accommodations

1. Student must contact by email, phone, or in person the ADA Coordinator or CTE Support Services Coordinator at the **specific campus** where the student plans to attend. This should be done prior to the start of classes or as soon as it is identified. (See page 1 for name and contact information.)
2. Once contact is made, the student can either go to the following link on our website to download the Disability Services Packet @ <https://www.northwestms.edu/current-students/disability-services/links-and-resources>, ask the coordinator to email/mail them a packet, or student can visit the campus of choice for a meeting. It is recommended that the student make an appointment with the ADA Campus Coordinator to ensure he/she will be available to meet.
3. Once student completes the forms provided and obtains the required medical documentation from a **licensed *mental health professional* or high school IEP to confirm psychological/Learning Disability** and a **licensed medical professional for medical diagnosis(es)**, this paperwork should be turned into the appropriate ADA Campus Coordinator for review. Early identification is strongly encouraged in order to have adequate time for evaluating documentation, identifying specific accommodations, and getting the Disability Committee's approval. Last minute requests for accommodations may not be readily met because of the time required to make such arrangements.
4. Once paperwork is reviewed and determined to be in compliance with Northwest Mississippi Community College policy, the information will be presented to the Disability Committee for approval of requested accommodations.
5. Once approved, the ADA Campus Coordinator will email/deliver a letter to the student's instructors a list of accommodations.
6. Once paperwork is submitted and approved by the committee, the student will not be required to submit documentation again unless another diagnosis arises or the medical documentation becomes greater than 3 years old.
7. **The student MUST notify the ADA Campus Coordinator at the beginning of each semester that they will be returning AND/OR if any schedule changes take place during the semester.**



Declaration of Disability Form

Name: _____ Student ID: _____

Address: _____

Email Address: _____

Date of Birth: _____ Phone #: _____

Which of the following categories best describes your **PRIMARY** disability(ies)? (Please check all that apply.)

Attention-Deficit/Hyperactivity Disorder _____ Orthopedic/Mobility Impairment _____

Blindness/Visual Impairment _____ Psychological Disorder (Be specific) _____

Deafness/Hearing Impairment _____ Speech/Language Disorder _____

Learning Disability _____ Traumatic Brain Injury _____

Other: (Be specific) _____

This information is voluntary, and will be kept confidential and used in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

I CERTIFY THAT THE ABOVE QUESTIONS HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Affirmative Action

Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, gender identity, age or status as a veteran or disabled veteran in all its programs and activities.

Northwest Mississippi Community College prohibits sexual harassment and all forms of sexual violence, regardless of sex, gender identity, or sexual orientation. The following have been designated to handle inquiries regarding non-discrimination policies: Americans with Disabilities Act of 1990/Section 504 of the Rehabilitation Act of 1973: Disability Support Services Coordinator, Tate Hall, PO Box 7046, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3309, email mkelsay@northwestms.edu;

Title II of the Age Discrimination Act: Vice President of Finance, James P. McCormick Administration Building, PO Box 7017, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3216, email jhorton@northwestms.edu;

Title IX of the Educational Amendments of 1972/Title VII of the Civil Rights Act of 1964: Associate Vice President of Student Services and Enrollment Management, Tate Hall, PO Box 7010, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3997, email trush@northwestms.edu.



Explanation of Accommodations/Modifications

Please read and discuss with Disability Coordinator any concerns or questions you have regarding any and all requested accommodations. This following explains each accommodation.

1. **Preferential seating:** You may sit anywhere in the classroom that you choose. Please choose to sit where you can see, hear, and/or sit by an exit.
2. **Extended time on tests:** Extended time is granted in accordance with mental health/medical documentation/IEP and arrangements must be made with the instructor and Student Counseling, Disability & Testing Services' staff prior to the examination date.
3. **Non-distracted environment:** Instructor may provide this environment or send tests/quizzes to the Student Counseling, Disability & Testing Services on the Senatobia campus or to the appropriate areas at the DeSoto and Oxford Centers.
4. **Copy of instructor's notes to supplement own, but not to be used during testing.** Instructor will provide notes on request. Copying may be done in the Student Counseling, Disability & Testing Services (Senatobia Campus), Office 307 (DeSoto Center), or Office 121 (Oxford Center) free of charge.
5. **Access to audio text books:** This is provided by the ADA Campus Coordinator based on the medical documentation/IEP provided. Books are not readily available in audio form thus ample time must be given to provide this accommodation.
6. **Food/Environmental Allergies:** Documentation must be provided with specific allergy and accommodation needed. (Senatobia campus only.)
7. **Adequate warning devices in residence halls for the vision and hearing impaired:** To alert the student to any danger signal by an alarm siren whether light or sound. (Senatobia campus only.)
8. **Audio recording classroom lectures:** If a student needs to record a classroom lecture, the student must complete the online **Audio Recording Agreement Form** on the Northwest website. This recording cannot be given to other students, and the contents can only be used by the student for the purpose of the class.
9. **Use of calculator:** based on the mental health documentation, testing or /IEP provided.
10. **Sign Language Interpreter for the hearing impaired:** Documentation must support this request. The ADA Coordinator on the Senatobia campus must have sufficient notice for this accommodation to be provided. Paperwork must be completed at least 6 weeks prior to need.

11. **Enlarged materials for vision impaired:** Documentation must be provided and request made in advance.
12. **Special dorm provision:** This request will be honored if student provides mental health/medical documentation of the need. (Senatobia campus only.)
13. **Handicapped Parking:** Handicapped parking decals are provided for students with disabilities who have the appropriate medical documentation. Contact the Student Counseling, Disability & Testing Services in Tate Hall for Senatobia campus and Campus Police at the DeSoto and Oxford Centers if needed.
14. **Other (Must Be Specific):** Any other request must be made known and discussed with the ADA Campus Coordinator.

If there are changes in needed accommodations or class schedules, it is the STUDENT'S responsibility to notify the ADA Campus Coordinator.



NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE
4975 Highway 51 North • Senatobia, MS 38668

Disability Support Services
Student Request for Reasonable Accommodations/Modifications Form

Name of Student _____

Student ID# _____ Major _____ Campus Location _____

Check those which apply to you:

- Preferential seating
- Audio recording of classroom lectures (must sign form)
- Use of calculator; Specify Math deficit _____
- Extended time on tests (ADA coord. to specify)
- Copy of instructor's notes to supplement own
- Testing in a non-distracting environment
- Sign language interpreter for hearing impaired
- Food/Environmental allergies
- Enlarged materials for the visually impaired
- Special dorm provision
- Handicapped parking
- Awareness of condition
- Adequate warning devices in dorms for vision or hearing impairment

Other: (Must be specific) _____

(Some requested accommodations may or may not be applicable to online courses.)

Student Signature _____ Date _____

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Student Request for Faculty Disability Notification

Name _____ Student ID# _____

Semester: Fall _____ Spring _____ Campus Location _____

Phone# _____

Please inform each of my instructors concerning my approved accommodations. I understand that this request and a copy of this email will become a part of my confidential file.

_____ Please email/hand deliver information directly to my instructors.

**** You are responsible for notifying us of any schedule changes ****

Yes () No () Permission to disclose disability information to instructors.

Yes () No () Permission to discuss academic progress with parents without contacting the student.

Student Signature

Date

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DISABILITY VERIFICATION FORM

(To Be Completed and Signed by a Qualified Mental Health/Medical Licensed Professional)

* required information

** required information, if applicable

*Name: _____ *SS/ID# _____

*Date of Original Diagnosis: _____ *By Whom: _____

**DSM IV Diagnosis: _____

**Physical Diagnosis: _____

**Learning Disability Diagnosis: _____

*Major Life Activity with which this condition interferes:

__ Manual tasks __ Walking __ Vision __ Hearing __ Breathing __ Learning __ Speaking

Functional Limitation

_____ Organizing/Sequencing

_____ Easily Distracted

_____ Poor Concentration

_____ Difficulty Focusing for Extended Periods of Time

_____ Difficulty Formulating and Executing Plan of Action

_____ Abstract Thinking

_____ Panic Attacks

_____ Other: (Be Specific)

Recommended Accommodations:

_____ Extended Testing Time

_____ Calculator; specify math deficit

_____ Audio Textbooks

_____ Non-distractive Test Environment

Other (explain) _____

*Physician's Signature

*Date

*Physician's Printed Name

*Address, City, State, Zip

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4975 Highway 51 North | Senatobia, MS 38668

Waiver of Rights to Privacy of Records (FERPA)

In order to assist me with my educational goals, I hereby authorize Northwest Mississippi Community College to release my personally identifiable college records to:

1. _____ (Name)	2. _____ (Name)	3. _____ (Name)
_____ (City, State, Zip)	_____ (City, State, Zip)	_____ (City, State, Zip)
_____ (Relationship to Student)	_____ (Relationship to Student)	_____ (Relationship to Student)

I authorize this release:

- Academic Records (attendance, grades/GPA)
- Student Services Records (conduct/disciplinary, housing, Title IX)
- Financial Information (awards, disbursements, eligibility, financial aid academic progress status, charges, payments, past due amounts, collection activity)
- Counseling Services governed by HIPAA (Health Insurance Privacy and Accountability Act)
- Disability Services

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these educational records under federal law only to the person(s) specifically listed above. This release does not permit the disclosure of these records to any other persons or entities without my written consent. I understand this release authorization remains in effect as long as I am a student at Northwest Mississippi Community College or until I revoke this authorization in writing.

4 digit Passcode* (used when an authorized user requests information): _____

****Passcode cannot be DOB or SSN.****

Student's Name: _____
(Last) (First) (Middle)

ID Number: _____ Phone Number: _____

Student's Signature: _____ Date: _____

NWCC Administrator		Campus/Office		Date	Student Initials Copy Received
Senatobia A&R Received Date	Input Date & Initials	Scanned Date	NOTES		

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The overall campus coordinator for purposes of Title IX compliance, who is responsible for all inquiries regarding non-discrimination policies, is Dr. Tonyalle Rush, Vice President for Student Services, Tate Hall, P.O. Box 7010, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3997, email address trush@northwestms.edu.