

Disability Support Services

The Disability Support Services Office for Students with Disabilities

Welcome to the Disability Support Services Office (DSSO) at Northwest Mississippi Community College. This is a component of the Student Development Center. 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 the provision of reasonable accommodations that are specific to the student's disability.

Disability Services Office
Northwest Mississippi Community College
Tate Hall
4975 Highway 51 North
Senatobia, MS 38668
662-562-3309(P) 662-562-3315(Fax)
Missy Kelsay, DSSO Coordinator
email: mkelsay@northwestms.edu

Additional contacts:

DeSoto Center-Olive Branch Center-Patsy Gardner, (662) 280-6193 or
e-mail: pgardner@northwestms.edu

Lafayette-Yalobusha Technical Center- Dr. Michael Butts
(662) 238- 7951 or e-mail: mbutts@northwestms.edu

The Disability Support Services Office offers:

- Emails to instructors regarding accommodations
- Counseling
- Assistance with registration
- Accommodations
- Liaison services between faculty and student about disability needs

- 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.



Procedures for Obtaining Disability Services Accommodations

Students with disabilities will find that NWCC faculty, staff, and other students will readily assist their needs. Academic accommodations can be obtained by completing the necessary paperwork and communicating these needs directly to the course instructors once the paperwork is complete.

Students Applying for Admission:

Applicants with disabilities wishing to enroll at Northwest must follow the admission procedure in the current Bulletin. Students may make inquiries to the **Registrar, 4975 Highway 51 North, Northwest Mississippi Community College, Senatobia, MS 38668** or by calling **(662) 562-3219**. Applicants who desire any admissions modifications must request them on the form, *Student Request for Reasonable Accommodations/Modifications*, available at the Disability Services Office housed in the McLendon Student Center. Applicants **are not** required to indicate whether they have a disability on application forms.

Enrolled Students

Students with disabilities who are accepted for admission are advised to contact the **Office of Disability Services** as soon as possible regarding disabilities that might require accommodations. Early identification of disabilities of accepted applicants is strongly encouraged so that adequate time is allowed for evaluating documentation, working out specific accommodations, arranging scheduling in barrier-free classrooms, arranging funding for auxiliary services, and providing accommodations for orientation. Last minute requests for accommodations may not be readily met because of the time required to make such arrangements.

1. Students with disabilities who require accommodations must seek assistance at the Disability Support Services Office. This should be done prior to the start of classes or as soon as is identified. Students must request accommodations on the application form, *Student Request for Reasonable Accommodations/Modifications*.
2. Students with disabilities **must** provide documentation of the disability and how it **limits or impacts** their participation in courses, programs, services, jobs, activities, and facilities at Northwest. **Physical disabilities** require a qualifying medical diagnosis. **Learning disabilities** require psychoeducational testing and an accompanying summary report. **ADHD and psychiatric disorders** require a current psychological evaluation. All testing must have been within a **three-year** period prior to the date the application for services is received. The specific disability must be identified in the documentation with recommendations for accommodations. A qualified and licensed professional must have administered all testing. **(A note on a prescription pad is not acceptable.)**
3. After a student has **self-identified** and **provided documentation** to our office, the Disability Support Services Office will then review the submitted documentation and make recommendations for accommodations on a case-by-case basis. This review generally results in one of three main outcomes: **(A) disability verified and approved** (current appropriate information was received with sufficient information to confirm diagnosis and provide support for appropriate accommodations); **(B) further information required** (current appropriate information was not received to confirm diagnosis or appropriate accommodations); **(C) disability not verified or approved** (current appropriate information was received; however, the student does not meet the criteria for diagnosis with a disabling condition). Instructors will receive letter/notice from the Disability Support Services Office regarding the outcome of the application reviewed.

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Disability Support Services Information/Declaration of Disability Form

1. Name _____ Student ID# _____

Address _____ Phone # _____

E-mail address _____

2. Date of Birth _____

3. 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 of Student

Date

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DISABILITY VERIFICATION
To Be Completed and Signed by a Qualified Licensed Professional
(*Indicates Required Information)
(-Indicates Required Information, if applicable)**

*Name: _____ *SS/ID# _____

*Date of Verification: _____ *Verified By: _____

*Date Diagnosed: _____ *By Whom: _____

**DSM V Diagnosis: _____

**Physical Diagnosis: _____

**Learning Diagnosis: _____

***Major Life Activity** with which this condition interferes:

___ Manual tasks ___ Walking ___ Seeing ___ 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:

***Physician's Signature**

***Date**

***Physician's Printed Name**

***Address, City, State, Zip**

Physician's Email Address

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Explanations of Accommodations/Modifications

Please read and discuss with Disability Officer/Special Populations Coordinator any concerns or questions you have regarding any and all requested accommodations. This notice to you will address some of the reasonable requested accommodations/modifications listed on the form (***Student Request for Reasonable Accommodations/Modifications Form***).

1. **Preferential seating:** You may sit anywhere in the classroom that you choose. Please choose to sit somewhere where you can see, hear, and listen to the instructor and any classroom participant.
2. **Examinations and quizzes given orally:** Arrangements must be made ahead of time for examinations and quizzes to be given orally. Documentation must support this request.
3. **Extended time on tests:** Extended time is granted in accordance with documentation and the ADA. Arrangement must be made with the instructor and Disability Services staff prior to the examination date.
4. **Non-distracted environment:** Instructor may provide this environment or send exam to Disability Services Office.
5. **Peer Tutoring:** NWCC (Senatobia campus) has a Student Support Services Program that provides free tutoring services in all subjects. This program is federally funded. In order for students to qualify, the student must have an academic need and must meet other qualifications. Please sign up as soon as possible. **Space is limited.**
6. **Recording of classroom lectures:** If a student needs to record a classroom lecture, the student must pick up ***Recording Usage Policy Form*** from Disability Office. This recording cannot be given to other students, and the contents can only be used by the student for the purpose of the class.
7. **Copy classmates/instructor notes to supplement own:** This accommodation will be granted provided another student wishes to share his/her notes. The accommodation **does not** mean that the requesting student may sit and not take notes; the sharer's notes are to be a supplement. NWCC is not responsible for finding a note sharer; it is the student's responsibility to locate an accountable classmate willing to share class notes. Instructor may provide notes on request. Copying may be done in the Disability Support department free of charge.
8. **Handicapped parking:** Handicapped parking spaces are provided for handicapped persons who have the appropriate decal. Students with a disability will receive special consideration upon application to the Office of Campus Police.
9. **Adequate-warning devices in residence halls:** To alert the student to any danger signal by an alarm siren whether light or sound.
10. **Access to audio text books:** This is provided through the Disability Support Services department on the campus you are attending. Books are readily available and ample time must be given to provide this accommodation. Student **MUST** contact appropriate Coordinator.
11. **Interpreters, readers, lab assistants, aides, etc.:** Documentation must support this request. The Disability Office must have sufficient notice for this accommodation to be provided. Paperwork must be completed at least six (6) weeks prior to need.
12. **Special residence hall assistance:** This request will be honored if needed; please check on **Housing Application**.
13. **Instructional support:** Instructional support is provided to all students. You must make it known to your instructors that support is needed.

14. **Note taker:** This request is generally provided by another student in class anonymously. The instructor and Disability Coordinator will assist in identifying a willing student to share his/her notes. This accommodation **does not** mean that the requesting student may sit and not take notes; these notes are to be a supplement.
15. **Enlarged materials:** This request must be made in advance.

Other (be specific): Any other request must be made known and discussed with Disability personnel.

If there are changes in needed accommodations/modifications, it is the student's responsibility to notify the appropriate personnel.

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE

Disability Support Services Student Request for Reasonable Accommodations/Modifications Form

Name of Student _____

Student ID# _____ Major _____ Campus Location _____

Check those which apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Preferential seating | |
| <input type="checkbox"/> Examinations and/or quizzes given orally | |
| <input type="checkbox"/> Extended time on tests | <input type="checkbox"/> Adequate warning devices in dorms |
| <input type="checkbox"/> Testing in a non-distracting environment | <input type="checkbox"/> Special dorm provisions |
| <input type="checkbox"/> Handicapped parking | |
| <input type="checkbox"/> Copy classmate/teacher notes to supplement own | |
| <input type="checkbox"/> Access to audio text books | <input type="checkbox"/> Enlarged materials |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Use of calculator (as permitted) |
| <input type="checkbox"/> Interpreters, readers, lab assistants, aides, etc. | <input type="checkbox"/> Instructional support |
| <input type="checkbox"/> Recording of classroom lectures (must sign form) | |

Other: (Must be specific.) _____

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

Student Signature _____ Date _____

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STUDENT REQUEST FOR FACULTY DISABILITY NOTIFICATION

Name _____ Student ID# _____

Semester: Fall _____ Spring _____ Campus Location _____

Address _____

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 academic file.

My preferred method of delivery to my instructors is as follows:

_____ Please email information directly to my instructors.

_____ I will pick up the letters at the Disability Support Office (Tate Hall) and hand deliver to my instructors.

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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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	

Affirmative Action

Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, gender identity, age, or status as a veteran or disabled veteran in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title II of the Age Discrimination Act, Title VII of the Civil Rights Act of 1964 and other applicable statutes and College policies. Northwest Mississippi Community College prohibits sexual harassment and all forms of sexual violence, regardless of sex, gender identity or sexual orientation. Inquiries regarding the Americans with Disabilities Act, the Rehabilitation Act, and related statutes and regulations should be directed to: Mrs. Missy Kelsay, Disability Support Services Coordinator, Tate Hall, P.O. Box 5555, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3309, email address mkelsay@northwestms.edu. Compliance with Title II of the Age Discrimination Act is coordinated by Mr. Jeff Horton, Vice President for Finance, James P. McCormick Administration Building, P.O. Box 7017, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3216, email address jhorton@northwestms.edu. Title IX of the Educational Amendments of 1972/Title VII of the Civil Rights Act of 1964: Associate Vice President for Student Services and Enrollment Management, Tate Hall, P.O. Box 7010, 4975 Highway 51 North, Senatobia, MS 38668, telephone number (662) 562-3409, e-mail address trush@northwestms.edu.