



Application for Services and Accommodations

The Office of Disability Services
General Technology Building, Room B105
419-559-2200 (Phone)
419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Dear Student,

Welcome to Terra State Community College and the **Office of Disability Services**. Our goal is to provide you, the student, with documented disabilities the support necessary to enjoy a successful academic experience. With that in mind, we look forward to working with you throughout your academic career. The Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 requires that access be provided for individuals who have a physical or mental impairment that substantially limits one or more major life activities and/or have a record of such impairment.

The outline below has been developed to assist students by working with their diagnosing healthcare professional (psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, speech-language pathologist, etc.) in obtaining specific information, which will be used to support the determination of appropriate accommodations.

- The healthcare professional conducting the assessment and/or making the diagnosis must be qualified to do so. These people are generally trained, certified, or licensed to diagnose and treat conditions.
- All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. It is recommended that this form be completed by typing the information into the editable PDF version available on our website.
- The student should include any documents which provides related information (e.g. Individualized Education Program (IEP), Evaluation Team Report (ETR), a 504 plan, verification of accommodations provided by another college/university or third-party entity, etc.
- This information will be kept in the student's file in the Office of Disability Services, where it will be held securely and confidentially in accordance with the Family Education Rights and Privacy Act (FERPA). This form may be released to the student at their request.

Once completed, please return this form to the student, or email this form directly to the office DisabilitiesServices@terra.edu . If you have questions regarding this form, please call the Office of Disability Services at 419-559-2200.



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Student Information

To Be Completed by the Student (Please Print Legibly or Type)

First Name:	_____	Last Name:	_____
Date of Birth:	_____	Student ID #:	_____
Phone:	_____	TSCC Email:	_____
Street Address:	_____		
City:	_____	State:	_____
		Zip:	_____

Accommodation Request

To Be Completed by the Student (Please Print Legibly or Type)

I am requesting accommodations for the following disabilities:

I am requesting the following accommodations:

IEP/504 Information

To Be Completed by the Student (Please Print Legibly or Type)

High School Graduation Date: _____

I had one of the following plans in High School _____ IEP 504

Have you submitted a copy to the school for consideration? Yes No

I had the following accommodations on my High School IEP/504 Plan:

Student Signature

Date