



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: _____

OGLALA LAKOTA COLLEGE
EAP/Student Affairs Director
Stella Hernandez
sthermandez@olc.edu
605-455-6083