



# INDIAN RIVER STATE COLLEGE

## Student Disability Services

Dear: \_\_\_\_\_ Date: \_\_\_\_\_

In order for you to be eligible for Student Disability Services (SDS) at IRSC, there is information we need to obtain from you. Note any checked items listed below.

\_\_\_\_\_ Documentation verifying a disability (within the past 5 years) on letterhead from a licensed or certified physician, psychologist, school psychologist, psychiatrist, audiologist or speech-language pathologist that demonstrates a physical, emotional or mental impairment which substantially limits one or more major life activities. This must include a diagnosis, reasonable assessment of accommodations needed based on the disability, and signature of licensed/certified professional with credentials.

### Documentation needed for a Specific Learning Disability (either 1 or 2)

- 1) A psychological evaluation completed within the past 5 years, which is signed by a licensed psychologist or licensed school psychologist and includes a diagnosis and assessment of accommodations needed.
- 2) A copy of an original/comprehensive psychological evaluation (no matter the date), most current IEP (within the past 5 years) indicating accommodations received, most current three year re-evaluation (if available) and Eligibility & Assignment Staffing Form. A licensed psychologist or school psychologist must have signed one of these and included a diagnosis. If this was not done, then an addendum letter will be needed from a psychologist or school psychologist.

\_\_\_\_\_ Completion of Indian River State College SDS forms. (Complete the enclosed forms and return them to IRSC/Student Disability Services.)

In order to receive accommodations, submit the items above immediately. For more information, visit [www.irsc.edu](http://www.irsc.edu). Click **Students** and then **Student Disability** or email: [irscdisabilityservice@irsc.edu](mailto:irscdisabilityservice@irsc.edu).

Sincerely,

Rhoda J. Brant  
Counselor  
Main Campus

Terry A. Valencia  
Advisor  
Main Campus

Leslie A. Simpson  
Counselor  
Mueller Campus

Silvia E. Bustamante  
Counselor  
Pruitt Campus

Janine Merriman  
Counselor  
Dixon Hendry Campus

C. Leigh Chappell  
Counselor  
Chastain Campus

## **Indian River State College Equity Mission Statement**

Under the policies of Indian River State College, the College seeks to ensure equal opportunity employment and affirmative action in its educational programs, services and activities and employment policies and procedures for all without regard to race, color, national origin, ethnicity, sex, religion, age, disability, sexual orientation, marital status, veteran status or genetic information.

### **Equity Officer & Title IX Coordinator**

Anthony J. Iacono, Ph.D.  
Vice President of Academic Affairs  
IRSC Main Campus  
3209 Virginia Avenue  
Fort Pierce, Florida 34981  
(772) 462-7215  
aiacono@irsc.edu

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### **ADA-504 Compliance Officer**

Nancy L. Cunningham  
IRSC Main Campus  
3209 Virginia Avenue  
Fort Pierce, Florida 34981  
(772) 462-7275  
ncunning@irsc.edu

### **Non-Discrimination/Non-Harassment Policy Statement**

Information regarding the Non-Discrimination/Non-Harassment Policy can be found in the IRSC Student Handbook/Planner or online at  
<http://www.irsc.edu/aboutirsc/aboutirsc.aspx?id=4294973609>.

## ACCOMMODATIONS AVAILABLE TO STUDENTS WITH DISABILITIES

Listed below are the accommodations and equipment available to eligible students with disabilities at IRSC, along with the location of the equipment.

### SPECIFIC LEARNING DISABILITIES

- \* tests with extended time/accommodations
- \* notetakers
- \* scribes
- \* talking books & equipment (Miley Library)
- \* tape recorder (SDS)
- \*\* reader services/reading machine (SDS/ASC)
- \* Victor Reader CD player and software (ASC)
- \* talking calculator (SDS)
- ++textbook on CD (SDS)
- \*\* talking computer (ASC)
- \*\* voice recognition computer (ASC)
- \* spell checker (SDS)
- \*\* CCTV Enlarger Monitor (ASC, Miley Library, Assessment Center)
- \* library access assistance
- \* P.E.R.T. given orally with unlimited time, etc.
- \* course substitution/Prep and TABE waivers
- \* extended time to complete in-class essays/projects (may be completed in the AC and on computer)
- \* may bring laptop to class to take notes
- \*no service animal restrictions
- \* extension beyond due date (i.e., 1week)

### VISUAL IMPAIRMENTS

- \* tests with extended time/accommodations/large print
- \* notetakers
- \* scribes
- \*\* reader services/reading machine (SDS/ASC)
- \* talking books & equipment (Miley Library)
- ++textbook on CD (SDS)
- Victor Reader CD player and software (ASC)
- \* Braille Embosser (ASC/Miley Library)
- \*\* talking computer (ASC)
- \* talking calculator/spell checker (SDS)
- \* P.E.R.T. given orally scribed, with unlimited time, etc.
- \* course substitutions/Prep and TABE waivers
- \* classroom changes
- \* library access assistance
- \* tape recorder (SDS)
- \*\* CCTV Enlarger Monitor (ASC, Miley Library, Assessment Center)
- \* Braille writer machine and paper (SDS)
- \*video with audio descriptive narrations
- \* may bring laptop to class to take notes
- \* no service animal restrictions
- \* extended time to complete in-class essays/projects (may be completed in the AC or ASC using JAWS computer or scribe)
- \* extension beyond due date (i.e., 1week)

### PHYSICAL/ORTHOPEDIC/TRAUMATIC BRAIN INJURY

- \* tests with extended time/accommodations
- \* notetakers
- \* scribes
- \*\* reader services/reading machine (SDS/ASC)
- \* talking books and equipment (Miley Library)
- \* wheelchair (computer) desks/separate desks and chairs/ergonomic chairs
- \* course substitution/Prep and TABE waivers
- \* library access assistance
- \* may stand and stretch/leave classroom
- \* may be absent periodically, allow to make up missing work/test
- \* parking spaces for the disabled with DMV permit
- \* tape recorder (SDS)
- \* adjustable keyboard tray (SDS)
- \*\* voice recognition computer (ASC)
- \* one-handed computer keyboard (SDS)
- ++textbook on CD (SDS)
- \* large computer keyboard (SDS/Assessment Center)
- \* P.E.R.T. with unlimited time and scribed
- \* extended time to complete in-class essays/ projects (may be completed in the AC and on computer or with a scribe)
- \* classroom changes
- \* no service animal restrictions
- \* Victor Reader CD player and software (ASC)
- \* extension beyond due date (i.e., 1week)

### DEAF/HARD OF HEARING

- \* interpreter services
- \* notetakers
- \* closed captioned videos in class and on the web
- \* TDD/TTY access (SDS)
- \* telephone amplifier (SDS)
- \* personal FM listening device (SDS)
- \* real-time captioning
- \* course substitution/Prep and TABE waivers
- \* library access assistance
- \* no service animal restrictions
- \* tests with extended time/accommodation
- \* extension beyond due date (i.e., 1week)

### SPEECH/LANGUAGE IMPAIRMENTS

- \* alternative testing (i.e., speech class)
- \* TDD/TTY access (SDS)
- \* course substitutions/Prep and TABE waivers
- \* no service animal restrictions
- \* extension beyond due date (i.e., 1week)

### EMOTIONAL/BEHAVIORAL/AUTISM/ OTHER DISABILITIES

- \* accommodations provided based on individual needs
- \* course substitution/Prep and TABE waivers
- \* no service animal restrictions

\*\* CCTV, JAWS (talking computer), Dragon Naturally Speaking (voice recognition), and Arkenstone Open Book (reading machine) are available in the ASC at all IRSC campuses.

++ Individual Membership is available through Learning Ally, 20 Roszel Road, Princeton, N.J., 08540  
WEBSITE: [www.learningally.org](http://www.learningally.org) PHONE: (609) 452-0606 or toll-free: (800) 221-4792 FAX: (609) 987-8116

Instructors receive emailed notices each semester from Student Disability Services regarding accommodations. **It is your responsibility to discuss the services needed (i.e., note-takers and/or testing accommodations) at the beginning of each semester with your instructors.** Testing accommodations are provided by the Assessment Center on the Main Campus and other IRSC campuses. You are required to contact Steven Daniello, Assessment Services Manager (W-109/Main Campus / (772) 462-7583 / [sdaniell@irsc.edu](mailto:sdaniell@irsc.edu)), when a reader or scribe is needed for testing. It is the responsibility of you and your instructor to give an advance notice to Steven Daniello regarding test arrangements (i.e., place and time).

Upon starting college, you may visit **Student Success Services** located in W-104/Main Campus for vocational counseling, career assessments, and assistance developing your employability skills. Contact Jackie Burke (772) 462-7448 / [jburke@irsc.edu](mailto:jburke@irsc.edu) to make an appointment.

**Academic Support Center (ASC)**/ (772) 462-7625 is located on the 3<sup>rd</sup> floor of Miley Library/Main Campus and all IRSC campuses provides tutoring in the areas of English, math, reading, and science.

**Student Support Services (SSS)**/ (772) 462-7480 is located in J-101/Main Campus and provides career counseling; tutoring; mentoring; study skills enhancement; and assistance in obtaining college admissions and financial aid for eligible students with disabilities.

### **AGENCIES PROVIDING SERVICES FOR STUDENTS WITH DISABILITIES**

Listed below are agencies that may provide services to eligible students with disabilities.

#### **DIVISION OF VOCATIONAL REHABILITATION**

St. Lucie County

519 N.W. Lake Whitney Place, Suite. 102  
Port St. Lucie, FL 34986  
(772) 873-6550

Indian River County

1450 Old Dixie Hwy.  
Vero Beach, FL 32960  
(772) 778-6348

Okeechobee County

209 SW Park Street  
Okeechobee, FL 34974  
(863) 462-5350, Ext. 717

Martin County

2223 S. Kanner Hwy.  
Stuart, FL 34994  
(772) 221-4095

#### **DIVISION OF BLIND SERVICES**

2000 Palm Beach Lakes Blvd., Suite 300  
West Palm Beach, FL 33409  
(561) 681-2548  
1-866-225-0794 (Toll Free)

#### **DEAF & HARD OF HEARING SERVICES OF THE TREASURE COAST**

1016 NE Jensen Beach Blvd  
Jensen Beach, FL 34957  
(772) 334-2233 VOICE (772) 334 -2299 FAX/TDD  
(772) 204-0628 VP (866) 229-8886 (Toll Free)



# INDIAN RIVER STATE COLLEGE

## STUDENTS WITH DISABILITIES IDENTIFICATION FORM

**In order to provide accommodations, IRSC is asking for VOLUNTARY self-identification of students with a disability. This information will be kept confidential and will be used for the sole purpose of aiding you in achieving your academic goals.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

\_\_\_\_\_

IRSC Rivermail email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*Nature of Disability: (see page 4) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact/Phone #: \_\_\_\_\_

Physician's/Psychologist's Name & Phone #: \_\_\_\_\_

\_\_\_\_\_

Please indicate any pertinent medication you may be taking: \_\_\_\_\_

\_\_\_\_\_

Program of Study:    \_\_\_ A.A. Degree            \_\_\_ A.S./A.A.S. Degree            \_\_\_ B.S./B.A.S. Degree

                             \_\_\_ Certificate            \_\_\_ Vocational            \_\_\_ Undecided

                             \_\_\_ GED®            \_\_\_ Adult High School            \_\_\_ Other

Intended major: \_\_\_\_\_

Semester you plan to begin courses at IRSC:

\_\_\_\_\_ Fall        \_\_\_\_\_ Spring        \_\_\_\_\_ Summer I        \_\_\_\_\_ Summer II        Year: 20\_\_\_\_\_

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## \*NATURE OF DISABILITY

**Indicate whether you have one or more of the following disabilities which may require accommodations in a college environment or with curriculum. (In the case of multiple disabilities, indicate with a “P” for primary disability).**

- ( ) **Deaf/Hard of Hearing** - A hearing loss of thirty (30) decibels or greater, pure tone average of 500, 1000, 2000, and 4000 (Hz), unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, and high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.
- ( ) **Visual Impairment** - Disorders in the structure and function of the eye as manifested by at least one of the following: visual acuity of 20/70 or less in the better eye after the best possible correction, a peripheral field so constricted that it affects one’s ability to function in an educational setting, or a progressive loss of vision which may affect one’s ability to function in an educational setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.
- ( ) **Specific Learning Disability** - A disorder in one or more of the basic psychological or neurological processes involved in understanding or in using spoken or written language. Disorders may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations. Examples include dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological processes. Such disorders do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, to emotional disturbance, or to an environmental deprivation.
- ( ) **Orthopedic Impairment** - A disorder of the musculoskeletal, connective tissue disorders, and neuromuscular system. Examples include but are not limited to cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm (CVA), head injury and spinal cord injury, arthritis and rheumatism, epilepsy, intracranial hemorrhage, embolism, thrombosis (stroke), poliomyelitis, multiple sclerosis, Parkinson’s disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders.
- ( ) **Speech/Language Impairment** - Disorders of language, articulation, fluency, or voice which interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to, cleft lip and/or palate with speech impairment, stammering, stuttering, laryngectomy, and aphasia.
- ( ) **Emotional or Behavioral Disability** - Any mental or psychological disorder including but not limited to organic brain syndrome, emotional or mental illness, or attention deficit disorders.
- ( ) **Autism Spectrum Disorder** - Disorders characterized by an uneven developmental profile and a pattern of qualitative impairments in social interaction, communication, and the presence of restricted repetitive, and/or stereotyped patterns of behavior, interests, or activities. These characteristics may manifest in a variety of combinations and range from mild to severe.
- ( ) **Traumatic Brain Injury** - An injury to the brain, not of a degenerative or congenital nature but caused by an external force, that may produce a diminished or altered state of consciousness, which results in impairment of cognitive ability and/or physical functioning.
- ( ) **Other Health Impairment** - Any disability not identified in paragraphs (1)(a) through (h) of this rule, except those students who have been documented as having an intellectual disability, deemed by a disability professional to make completion of the requirement impossible.

**To be eligible for reasonable accommodations, verification of disability must be on file in Student Disability Services. It is your responsibility to provide documentation (within the past 5 years) verifying a disability from a licensed or certified physician, psychologist, school psychologist, audiologist or speech-language pathologist. All documentation is kept confidential and will not be released to a third party without your written consent.**

Based on your disability, are accommodations and/or specific equipment needed to assist you at IRSC?

\_\_\_ YES      \_\_\_ NO

If you checked yes, indicate below the accommodations you feel you may need. Accommodations provided are based on the nature of your disability. Accommodations with an asterisk (\*) may require additional forms to be completed. Ask SDS for these forms, if you check those accommodations.

- |                               |                                |                          |
|-------------------------------|--------------------------------|--------------------------|
| ___ Extended time for tests   | ___ Real-Time Captioning*      | ___ Notetaker            |
| ___ Tests given orally        | ___ Sign Language Interpreter* | ___ Tests scribed        |
| ___ Tape recorder             | ___ Spell Checker              | ___ Scribe in class/ASC* |
| ___ Calculator*               | ___ Reader in class/ASC*       |                          |
| ___ Other: (see page 1) _____ |                                |                          |

Use this space to provide Student Disability Services with additional information about yourself, your disability or your academic needs that you feel may be of assistance:

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Indicate any aide you may be using (i.e., wheelchair, hearing aide, crutches, etc.):

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Agencies where you are a client (e.g., Division of Blind Services, Division of Vocational Rehabilitation, Veteran's Administration, etc.):

1. Agency Name: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

2. Agency Name: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_



# INDIAN RIVER STATE COLLEGE

Student Disability Services

## AGREEMENT OF SERVICES

I, \_\_\_\_\_ SID#: \_\_\_\_\_

acknowledge that I have access to the Student Disability Services Brochure and Handbook <http://www.irsc.edu/advising/studentdisabilityservices/studentdisabilityservices.aspx?id=4294970196> where the accommodations available at IRSC are outlined for me. A determination will be made as to the accommodations I am eligible to receive based on my disability and documentation, and I will be notified by email. I have been informed that notices will be emailed to me at my IRSC Rivermail email account and to my instructors each semester I register for courses regarding the accommodations I am eligible to receive and the procedures. **I understand that it is my responsibility to discuss the accommodations needed at the beginning of each semester with my instructors.**

I am aware that if there needs to be a change in the accommodations I am receiving, if I have any concerns relating to the accommodations, if I am not receiving the accommodations or if I am in need of additional accommodations, it is my responsibility to contact Student Disability Services in writing for assistance. And, if I make a written request for additional accommodations, course substitutions, prep course or TABE waivers, additional documentation may be required.

Further, the auxiliary learning aid assistance requested is not available to me from any state or federal program responsible for such assistance. If currently a client of another agency, I will inform Student Disability Services if financial benefits for auxiliary aids are changed and in any event I will contact or authorize permission to be referred to another appropriate agency for possible sponsorship and will inform Student Disability Services of the results of the meeting.

I understand that due to my disability, if I am allowed to record classroom lectures, that material is to be used solely for my personal academic enrichment and cannot be distributed, copied, sold or uploaded to the web.

I understand that due to my disability, if I am eligible for extended time to take tests, a maximum of double time will be given, unless my documentation specifies that a greater amount of time is needed. It must be clearly stated in the documentation to be eligible for the accommodation of an extension to complete assignments beyond the due date.

I understand that due to my disability, If I am eligible for a notetaker in class, I will receive the notes directly from the notetaker, who will have no knowledge of my disability. I understand it is my responsibility to contact Student Disability Services if I wish to change the delivery arrangement.

I give permission to allow the Counselor or Advisor of Student Disability Services to notify my instructors, the Assessment Center and the IRSC Health and Wellness Center staff of my disability and to discuss my academic progress and disability with appropriate college personnel and clinical instructors, when deemed necessary. Furthermore, I understand that only Assessment Center staff and IRSC instructors are allowed to proctor tests-not readers, scribes, notetakers, family or friends. An authorization for release of records may be completed through Admissions/Records, which would allow my parents, spouse, significant other, or family member to communicate with College personnel.

I agree to release IRSC, its agents and employees from any and all liability and hold it and them harmless from any and all claims and causes of action caused by or arising from the accommodations received.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# INDIAN RIVER STATE COLLEGE

Student Disability Services

## Authorization for Release of Information, Documentation and Records

Complete this form if you would like IRSC to be able to communicate with an agency, doctor, psychologist, etc., regarding your disability/academics, or to obtain information from them on your behalf.

I, \_\_\_\_\_ SID#: \_\_\_\_\_  
(Name of Student)

hereby authorize: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to release to Indian River State college the following information (academic or disability documentation/records):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and also grant permission to communicate with Indian River State College personnel.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

<b>For Office Use Only</b>	
_____ <b>SDS Counselor/Advisor</b>	_____ <b>Date Received</b>

# NATIONAL VOTER REGISTRATION ACT

## Preference Form/Application

### Client's preference (check the box only in 1. or 2.)

If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes  No, I decline.

2. If you are registered to vote where you live now, would you like to update your voter registration record?

Yes  No, I decline.

CLIENT: \_\_\_\_\_  
Name or identification number Date

### OFFICIAL USE ONLY (check all that apply)

[Note: Only a client who is eligible can decline or accept an opportunity to register or update a record on his or her behalf]

1. Client applied for:  New services/assistance  
 Renewal of services/assistance  Address change

2. How client applied:  In person  By phone  
 At home  Online/web service

3. Client:  Submitted registration application.  
 Was sent form/application on \_\_\_/\_\_\_/\_\_\_ (date).  
 Did not complete application/took form/application.

Preference form must be retained by agency for two years from dated form (DS-DE 77-ENG; rev. 11-2011)

## =====Notice of Rights=====

**Help:** If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

**Benefits:** If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

**Privacy:** Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

**Formal Complaint:** If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml> or call 1-850-245-6200.

[Authority: National Voter Registration Act (42 U.S.C. 1973gg); sections 97.023, 97.058, and 97.0585, F.S.]

### To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until you are 18 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote.

**If you do not meet these requirements, you are not eligible to register.**

### You Can Register to Vote at:

- Any Supervisor of Elections' office
- Any driver's license office or tax collector's office that issues driver's licenses
- Any voter registration agency (that is, any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library)
- The Division of Elections (Florida Department of State)

### You Can Hand-in or Mail a Completed Application to Any of the Locations Listed Above

If mailing, mail with sufficient postage to:

Division of Elections  
R.A. Gray Building  
500 S. Bronough Street  
Tallahassee, Florida 32399-0250

(contact information: 850-245-6200; <http://election.dos.state.fl.us>)

Your Supervisor of Elections will contact you if your application is incomplete, denied, or a duplicate. Once you are registered, you will receive a voter information card.