Dear Student,

My name is Lora Lyn Allen and I am the Coordinator of Disability Services at Big Bend Community College (BBCC). I would like to personally welcome you to our campus. We look forward to working with you.

You have identified yourself as a student who may be eligible for disability services. BBCC is committed to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 to provide that “No otherwise qualified individual with a disability in the United States … shall, solely by reason of … disability, be denied the benefits of, be excluded from the participation in, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

It is our goal to assist students with disabilities in achieving their full academic potential. We have prepared this packet to help guide you through the process of obtaining services.

Sincerely,

Lora Lyn Allen
Coordinator of Disability Services
Big Bend Community College
Building 1400, Room 1472
Phone: 509.793.2027 or 509.793.2035
Toll Free: 1.877.745.1212
TDD: 509.793.2325
FAX: 1.888.820.2896
dss@bigbend.edu
DISABILITY SUPPORT SERVICES

BBCC complies with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. BBCC is free from discrimination in the recruitment, administration, and treatment of students. The Disability Support Services (DSS) office at BBCC provides voluntary and confidential support services for students with documented disabilities in one or more of the following categories: Deaf/Hearing, Speech/Language, Blind/Visual, Neurological/Nervous System, Psychological/Emotional, Mobility, Learning, Chronic/Acute Health, and Temporary/Other. To ensure maximum participation by all students with disabilities, our commitment is to:

- Provide programs and facilities that are accessible to all students with disabilities
- Determine and implement reasonable accommodations and/or modifications that meet the individual needs of students with disabilities

CONTACT INFORMATION

The DSS office is located in the Administration Building, Room 1472. The telephone number for the Coordinator of Disability Services is 509.793.2027. To schedule an appointment, call 509.793.2035. A telecommunications device for the deaf (TDD), for incoming and outgoing calls, is available in the Admissions/Registration Office, 1400 Building. The TDD telephone number is 509.793.2325. The FAX number is 1.888.820.2896.

OBTAINING SERVICES/PROCEDURES

Requests for disability services are processed through the Disability Support Services (DSS) office. This office values a collaborative process with students and works to determine and implement reasonable accommodations and services.

1. To begin the process, students should contact the Coordinator of Disability Services to request services, provide information about prior use of accommodations and services in other settings, and discuss the likely impact of the disability on the student’s educational experience at BBCC.

2. The student will be provided an intake packet. Relevant documentation from external sources may also be requested to help substantiate the disability and the student’s eligibility for requested accommodations and services.
3. Once the intake packet and requested documentation has been received, the student will meet with the Coordinator of Disability Services to discuss eligibility for services and accommodation requests.

4. The Coordinator of Disability Services will prepare a Letter of Accommodation (LOA). It is the student’s responsibility to provide instructors with the LOA and discuss how the accommodations will be implemented in the classroom. LOA’s need to be requested by the student each quarter.

5. It is the responsibility of the student to inform the instructor and Coordinator of Disability Services if there are questions regarding the implementation of the approved accommodations. The Disability Support Services office will work collaboratively to ensure implementation.

** May be able to obtain documentation from the following professional providers:
Psychologist, Psychiatrist, High School Records, Ophthalmologist, Audiologist, Certified Otologist, Learning Disability Specialist, Physician, and/or Nurse Practitioner

**Medical Provider Instructions:**
1. Diagnosis of disability should be clear and specific. Include functional limitations and any recommendations of accommodations that may assist the student in the classroom.
2. Please provide information on letterhead, if possible, addressed to Disability Support Services.

**ACCESSIBLE PARKING**

Students, staff, and visitors who have a state-issued disabled parking permit may use the designated accessible parking spaces in BBCC parking lots. Those who have a temporary need for accessible parking, may request a temporary disabled parking permit through the DSS or Campus Safety offices.

**DISABILITY RELATED COMPLAINTS**

Students with disabilities who have complaints with BBCC staff or faculty regarding disability related issues should contact the Coordinator of Disability Services at 509.793.2027 or the Dean of Student Services at 509.793.2077. Additional complaint procedures are found in the Student Handbook on the BBCC website.
Big Bend Community College is committed to ensuring its services, programs and facilities are accessible to individuals with disabilities. DSS provides accommodations and support services for students with documented disabilities. If you are interested in requesting services, please complete this form and return it to the DSS office, room 1472. Questions? Call 509.793.2027 TDD: 509.793.2325

Name: ___________________________________ Birth Date: __________________________________

Student ID#: __________________________ Email: ____________________________________________

Address: ____________________________________________________________________________

Home Phone: _______________ Cell Phone: _______________ Today’s Date: __________

BBCC Start Date: ☐ SUMMER ☐ FALL ☐ WINTER ☐ SPRING YEAR: ________

Check all disability categories that apply:

☐ 1) Deaf/Hearing  ☐ 6) Chronic/Acute Health
   ☐ (A) Deaf  ☐ (K) Cancer
   ☐ (B) Severe to moderate hearing loss  ☐ (L) Cardiovascular/pulmonary

☐ 2) Mobility  ☐ (M) Orthopedic conditions
   ☐ (C) Limited gait or range of motion  ☐ (N) Organ, blood, gastrointestinal, connective tissue, immune disorders
   ☐ (D) Paraplegic  ☐ 7) Neurological/Nervous System
   ☐ (E) Quadriplegic  ☐ (O) Motor neuron

☐ 3) Speech/Language  ☐ (P) Acquired brain injury
   ☐ (F) Speech or language disorder  ☐ (Q) Developmental disability

☐ 4) Learning Disability  ☐ 8) Psychological/Emotional
   ☐ (G) Attention deficit disorder  ☐ (R) Mental disorders
   ☐ (H) Dyslexia or processing deficits  ☐ (S) Autism spectrum disorders

☐ 5) Blind/Visual  ☐ Other (specify) __________________________
   ☐ (I) Blind  ☐
   ☐ (J) Visual disorders other than blind
You are hereby authorized to release pertinent medical, psychological, social or educational information that the following agency and/or person may request about me. Send information to:

Disability Support Services
Big Bend Community College
7662 Chanute Street NE.
Moses Lake, WA  98837
Phone: 509.793.2027
TDD: 509.793.2325
FAX: 1.888.820.2896

Information Requested:______________________________________________________

This information will be used only as an aid in providing educational support services for which I have applied.

The requesting agency/person has the responsibility of keeping this information confidential and will not release this information to any other agency or person without my written consent.

________________________________________
Student Signature

________________________________________
Date
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
Disability Support Services (DSS)

I, (Student Name) ____________________________ do hereby give permission to the Coordinator of Disability Services at Big Bend Community College to provide and/or receive pertinent medical, psychological, social, disability or educational information to/from the following persons or agencies:

Please list by name:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

This information may be used to assist in determining and implementing appropriate accommodations, modifications, and/or services.

____________________________________________________________________________________

Student Signature

____________________________________________________________________________________

Date
DISABILITY SUPPORT SERVICES (DSS)
INTAKE/HISTORY

Name: __________________________________ Birth Date: ____________________________

Student ID#: ____________________ Email: ________________________________

Address: ________________________________________________________________

Home Phone: _______________ Cell Phone: ____________________ Today’s Date:________

Please answer the following questions:

Please list all schools you have attended in the past: __________________________________

What is the highest grade you completed? _______________________________________

Did you attend special education classes? If yes, in what subjects? ___________________

Have you ever had a serious illness? What was the nature of the illness? ______________

Have you ever had a serious accident? Describe it. ________________________________

Have you ever had problems with alcohol or drugs? If yes, did you receive treatment?____

Have you ever received treatment or counseling for personal or emotional problems? _______

Are you presently under a doctor’s care? If yes, for what condition(s)? __________________

What medications are you taking, if any? _________________________________________

What kinds of jobs have you held in the past? ______________________________________
Describe your abilities in the following areas:

Reading ____________________________________________________________
Writing ____________________________________________________________
Spelling ____________________________________________________________
Arithmetic __________________________________________________________
Listening Skills _____________________________________________________
Concentration _______________________________________________________  

Have you been diagnosed with a learning disability? If yes, please describe: ____________________________

What career field or occupation do you hope to enter? _____________________________________________

What are your favorite hobbies? ____________________________

Please list any doctors, case workers, counselors, etc. that know of your disability: ________________

Describe your disability in your own words: ____________________________

How does your disability affect you as a student in a learning environment? _______________________

What ideas or strategies have you found that help you as a student? _______________________________

Knowing your own disability, your energy level, and time commitments, what would be a realistic class load for you? ____________________________________________

Additional information you feel Disability Support Services should know: __________________________

Return this packet to:
Big Bend Community College
Disability Support Services
Building 1400, Room 1472
7662 Chanute St. NE
Moses Lake, WA 98837-3299

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