The Office of Disability Services and Georgia Southwestern State University is committed to assist each student in reaching maximum potential through his or her pursuit of educational goals. The Office of Disability Services primary goal is to assure equal access to all aspects of the university experience through reasonable accommodations for students with disabilities. The Office of Disability Services assists in the coordination of appropriate services based on the student’s individual needs. Services are available to those students who choose to self identify and provide appropriate documentation of their disability. All services of the Office of Disability Services are provided to students with a disability at no charge.

Our mission is to promote equal educational opportunities and a welcoming academic, physical, and social environment for students with disabilities at Georgia Southwestern State University.

The Law
Section 504 of the Rehabilitation Act of 1973 states that...

“No otherwise qualified person with a disability in the United States ... shall, solely by reason of ... disability, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

A person with a disability includes...

“any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.”

A “qualified person with a disability” is defined as one...

“who meets the academic and technical standards requisite to admission or participation in the education program or activity.”

Application for services can be found online or in the Office of Disability Services and disability documentation must be submitted to the Director of Disability Services.

Evelyn Oliver  
Director of Disability Services  
Sanford Hall 3rd floor room 302  
229-931-2661  
soliver@gsu.edu

Janice Woodham  
Disability Services Assistant  
Sanford Hall 3rd floor room 301  
229-931-2085  
jwoodham@gsu.edu
DISABILITY SERVICES APPLICATION
GEORGIA SOUTHWESTERN STATE UNIVERSITY

All information disclosed on this form will be held in confidence. Please complete the application in its entirety. If a question does not apply to you, please note N/A (Not Applicable). This application should be returned to the Office of Disability Services, Sanford Hall, third floor, room 302. If you have any questions, please contact the Director of Disability Services at (229) 931-2661 or 229-931-2085. Thank you.

Name__________________________________________

Last       First       Middle Initial

GSW ID #: ____________________________ GSW Mail Box # ____________________________

Gender ( ) Female ( ) Male Age ____________ Ethnicity ____________________________

Date of Birth ____________________________ Email __________________________________

Classification ( ) freshmen ( ) sophomore ( ) junior ( ) senior ( ) graduate

Are you a U. S. Citizen? ( ) Yes ( ) No If no, what nationality? __________________________

Transfer Student ( ) Yes ( ) No If yes, from what college? __________________________

Home Address ____________________________

Street ___________________________________ City __________________ State ________ Zip ________

Phone # ____________________________ Alternate # ____________________________

Address ____________________________

Street ___________________________________ City __________________ State ________ Zip ________

Family Information:

Did either of your parents earn a bachelor’s degree? ( ) Yes ( ) No

Are you receiving assistance from Vocational Rehabilitation Services ( ) Yes ( ) No

Have you been awarded financial aid for the semester in progress? ( ) Yes ( ) No

Do you have a documented disability for which you are requesting services? ( ) Yes ( ) No

I agree that all the information provided above is true.

Signature ____________________________ Date ____________________________
DISABILITY SERVICES CONTRACT

I understand that the Office of Disability Services' goal is to enhance my time here at Georgia Southwestern State University through tutoring, note takers, counseling, and workshops. Therefore, by signing this form, I am agreeing to:

* Attend class as set forth by the institution.
* Meet with Director/Coordinator at least twice each semester (3rd Floor Sanford Hall).
* Meet with Disability Director at the beginning of each semester to discuss accommodations.

Students that anticipate absences due to their disability need to get with their instructor at the start of the semester to discuss their need for accommodations. If you anticipate having more absences than allowed on your instructor’s syllabus, a written excuse from your doctor (written on doctor’s letterhead) is to be given to your instructor and Disability Services Office. Students are to contact their instructor and the Office of Disability Services when you are absent any day.

Students are required to discuss their accommodations with their instructors before or after class the first day of that semester.

I understand that I will be notified of any changes made to this contract.

I understand that either the Director of Disability Services or I may void this contract without any obligations and will be notified if there are any changes to contract.

________________________________________________________________________
(Student’s Signature) (Date)

________________________________________________________________________
(Staff’s Signature) (Date)
Disability Verification

I grant permission for ________________________________ to release information concerning my disability. I understand that this information is necessary to verify my disability and to obtain academic accommodations.

I understand that documentation must be on professional letterhead and signed by a licensed professional or it is not sufficient.

I understand that documentation must include:

- A definitive diagnosis
- Address the length and severity of impairment, how it currently manifest in substantial limitations in academics
- Suggestions for appropriate accommodations
- Any medications being taken and their side effects

Please return requested information to:

Georgia Southwestern State University
Office of Disability Services
800 Georgia Southwestern State University Drive
Americus, Georgia 31709-4379

Name ____________________________________________

SSN # ____________________________________________

Student's Signature ____________________________ Date ____________________________
OFFICE OF DISABILITY SERVICES
STUDY SKILLS NEED ASSESSMENT

Please mark the following statements according to how much you believe you need help with the particular study skill area.

1. I need help scheduling time for studying.
   Never _____  Almost Never _____  Sometimes _____  Often _____

2. I need to learn how to stick to my schedule.
   Never _____  Almost Never _____  Sometimes _____  Often _____

3. I need to learn how to use my time effectively.
   Never _____  Almost Never _____  Sometimes _____  Often _____

4. I need to learn how to take better notes in class.
   Never _____  Almost Never _____  Sometimes _____  Often _____

5. I need to learn how to get more out of reading material.
   Never _____  Almost Never _____  Sometimes _____  Often _____

6. I need to learn how to concentrate better while studying.
   Never _____  Almost Never _____  Sometimes _____  Often _____

7. I need to learn how to identify and focus on important material.
   Never _____  Almost Never _____  Sometimes _____  Often _____

8. I often forget to complete assignments or responsibilities.
   Never _____  Almost Never _____  Sometimes _____  Often _____

9. I have trouble concentrating in class.
   Never _____  Almost Never _____  Sometimes _____  Often _____

10. I would find academic workshops helpful  ( ) Yes  ( ) No

Please indicate any other areas you would find most helpful to your education:
## Academic Progress

A grade point average of 2.00 (C average) is required for graduation from Georgia Southwestern State University. Some curricula require a higher grade point average. A student whose performance is below this level exhibits academic deficiencies. The university uses the cumulative/institution grade point average. This grade point average is used in determining academic standing. The following table shows the minimal cumulative/institution grade point average a student must achieve to make acceptable progress toward the 2.00 average and graduation. **Transfer students; please pay close attention to hours transferred in from another institution as it relates to required minimum GPA.**

<table>
<thead>
<tr>
<th>Total Hours earned including Transfer</th>
<th>Required Minimum Cumulative/Institution Grade Point Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.50</td>
</tr>
<tr>
<td>0-15</td>
<td></td>
</tr>
<tr>
<td>16-30</td>
<td>1.65</td>
</tr>
<tr>
<td>31-60</td>
<td>1.75</td>
</tr>
<tr>
<td>61 and above</td>
<td>2.00</td>
</tr>
</tbody>
</table>

The grade point average is calculated each term and appears on the grade report to inform the student of one's progress. The academic status of the student will be printed on the grade report. The categories used by the University are Good Standing, Academic Warning, Academic Probation, Academic Suspension, Restricted Enrollment, and Developmental Studies.

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Student's Name ________________________________

Student's Signature ____________________________

GSW Student ID # ______________________________
Testing Procedures with the Disability Services Office

If your instructor is not able to provide the accommodation(s) you are afforded for testing (distraction free room and extended time, etc.) you will be able to test here. Students will not be allowed to take items below into the testing room unless instructor specifies in writing.

1) Book bag
2) Handbags
3) Books
4) Paper or notes
5) Cell phones
6) Use of computer
7) Return completed test to instructor
8) Calculators
9) Tape recorders

♦ Student will notify office 3 days before testing day.
♦ Pens and pencils will be provided if requested by student.
♦ Tests are to be delivered 24 hours before student tests.

If there are any questions or concerns please call the office.

________________________________________
Student Signature

Evelyn Oliver
Director of Disability Services and Testing
Sanford Hall 3rd floor, room 302
GEORGIA
SOUTHWESTERN
STATE UNIVERSITY
Office of Disability Services
800 Georgia Southwestern State University Drive
Americus, Georgia 31709
(229) 931-2661 or (229) 931-2085
(229) 931-2958 Fax

Confidential

Release of information

Instructions:
1. Make sure all blanks are initialed before you sign below
2. Sign this form only after a request for accommodations has been made
3. Make sure that you understand the release is limited to the person or agencies
   named below and that this information will not be passed along to anyone else or
   be used for any other purpose than those stated below.

I authorize the staff of the Office of Disability Services at GSW to release/discuss
disability-related information about me to: (Please initial all that apply)

_____ Regent’s Center for Learning Disorders for documentation review

_____ Appropriate GSW faculty, staff, and/or administrators as needed

_____ Standardized testing agents (e.g. GRE, LSAT, etc.) as specified:

_____ Other Post-Secondary institutions as needed as specified:

_____ Other off-campus professionals as specified (DSP, VR, MD):

_____ Other (Parent, spouse, etc):

The primary purpose of this release is to help ensure that I receive those “reasonable
accommodations” as needed at GSW. It will remain in effect for the period of my
enrollment at this university.

Print Name: ___________________________ Student: ID# ___________________________

Signature: ___________________________ Date: ___________________________

Witness Signature: ___________________________ Date: ___________________________
Dear Student,

If you’re medical documentation states you are to have accommodations for test taking and you test with the Office of Disability Services you are expected to adhere to the same standards as other students. Any accommodation provided is to give you an equal opportunity at an education. Accommodations are not special privileges. In order to ensure that the Office of Disability Services provides appropriate testing accommodations and maintains its integrity with the institution, we ask that you do the following and please initial by each number:

1. ___ You are expected to complete an accommodation request form at the beginning of each semester requesting accommodations. This form will be placed in your file.

2. ___ You are expected to **remind your instructor that you receive extended time on test.**

3. ___ You are expected to contact the Office of Disability Services to schedule tests **(3 days prior to testing).**

4. ___ You are expected to take all tests with your class at the scheduled time. Exceptions are only made for students who have had a class immediately following or a class prior to the class in which they are taking a test.

5. ___ The Office of Disability Services will not hold test for students. If an instructor sends a test and you have not taken it within the prearranged day and time, it will be returned unless other arrangements have been made with instructor and the Office of Disability Services.

If you have any questions or concerns please call (229) 931-2661 or (229) 931-2085

__________________________________________  _________________________
Student's Signature                                      Date

__________________________________________  _________________________
Director Signature                                      Date
Accommodation Permission

Date: __________________________
Semester: ______________________

I _____________________________ give the Office of Disability Services permission to send my accommodation form to my instructors by email. I understand the accommodation form does not disclose my disability only what accommodations I should receive.

__________________________________________
Students Name

__________________________________________
Students Signature
ACCOMMODATION REQUEST FORM

NAME: _______________________________ GSW ID: ________________

Address: __________________________________ Zip code: ______

Telephone: _____________________________

Did you receive accommodations last semester? Yes _______ No _______

Semester asking for accommodations (Check one) Fall __ spring __ summer __

Today’s Date: _______________________

ALL accommodation requests must be supported by your disability documentation on file with the Office of Disability Services. All information on this form must be complete. Incomplete requests will not be processed.

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>COURSE NUMBER</th>
<th>SECTION NUMBER</th>
<th>ACCOMMODATIONS REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>1021</td>
<td>014</td>
<td>Extended time/Note taker (EXAMPLE)</td>
</tr>
</tbody>
</table>

1. 

2. 

3. 

4. 

5. 

6. 

Student signature: ____________________________

Disability Director Signature: ____________________________