Dear TRC Student

The Office of Disability Services (ODS) office provides a variety of services to all Three Rivers College students who have a documented disability. The ODS office is located on the 1st floor of the Westover Administration Building and is open MWF from 9:00 a.m. – 5:00 p.m. & TTH from 8:00 a.m. – 5:00 p.m.

The ODS offers academic accommodations to students with disabilities in accordance with the 1993 Rehabilitation Act, The Americans with Disabilities act of 1990, and the ADA Amendment Act of 2008. In order to be successful at Three Rivers, students are strongly encouraged to register with the Office of Disabilities Services regarding any documented disability, regardless if you are not seeking accommodations at this time. Students are not required to self-identify, but if they do, they must verify their disability with supporting medical documentation performed by a qualified professional.

It is the responsibility of the student requesting accommodations to present documentation and request accommodations prior to the beginning of each semester. Eligibility for reasonable and appropriate accommodations will be determined on an individual basis. Please note that services cannot begin until a completed application (Request for Accommodations, supporting documentation, & current class schedule) is on file with the Office of Disability Services and the disability has been verified according to the ODS requirements.

We look forward to working with you this semester. Please direct all questions regarding accommodations and appropriate documentation requirements to the Coordinator of Disability Services. Please complete the form provided and return to:

Three Rivers College
Office of Disability Services
2080 Three Rivers Blvd.
Poplar Bluff, MO 63901
Phone: 573-840-9608
Fax: 573-840-9018
Office of Disability Services Frequently Asked Questions

Who is Eligible for Services?
All students attending Three Rivers College with a documented disability are eligible for services and encouraged to contact the Office of Disability Services (ODS).

How Do You Apply for Disability Services?
After being admitted to Three Rivers College, you must complete an ODS Accommodations Request Form (2 pages) and submit the following documentation:
- proper medical documentation, including a current list of medications
- current documentation (ODS will NOT accept documentation over three years old)
- transcripts from former universities or colleges

How Are Accommodations Determined?
Accommodations are determined from the documentation provided, the student's background and an interview with the student.

Guidelines for Documenting Medical Disabilities (Hearing, Visual, and Mobility)
The clinician must be qualified to make the diagnosis in the area of specialization.
1. The evaluation is written on a professional letterhead, current and contains the date of the student's appointment.
2. Documentation clearly supports the claimed disability with relevant medical history.
3. The documentation, contacts current medication, treatments and assistive devices and technologies.
4. Written documentation of functional limitations resulting from the disability, which specifically states the College's residential and educational settings.

Guidelines for Documenting Learning Disabilities
1. A qualified professional must conduct the evaluation.
2. Testing must be current (past three years).
3. Comprehensive documentation necessary to confirm the learning disability must be provided (prior documentation may be useful in determining appropriate services, such as an Individual Education Plan (IEP) or a 504 plan, but these documents are only used for the diagnosis, not as the recommended accommodations.)
Office of Disability Services
Accommodation Request Form

Name: ____________________________________________

Home Address: ________________________________________________

City: __________________ State: __________ Zip: __________

Home Phone: ___________________ Cell Phone: __________________

Email: ______________________________________________________

1. Check all that apply: □ Acquired Brain Injury  □ Hard of Hearing  □ Learning Disabilities
   □ AD/HD  □ Deaf  □ Orthopedic Impairment  □ Language Impairment  □ Psychiatric Disability
   □ Blind/Partial Sight  □ Developmental Disability
   Other: ______________________________________________________

2. Indicate the accommodations related to your disability that you are requesting.
   ___ a. Extended time on tests    ___ e. Adaptive equipment
   ___ b. Note taking services     ___ f. Housing
   ___ c. Preferred seating in the classroom ___ g. Other
   ___ d. Quiet testing area

**If you are requesting a housing accommodation, this request will be processed further by the Student Housing Office.

3. Do you have current medical documentation on file with the Office of Disability Services?
   Yes: _____ No: _____

4. I do _____ or do not ______ give permission for the Coordinator of Disability Services to share any relevant information with my Three Rivers instructors and/or the Student Services staff regarding my disability.

Student Signature: ____________________________ Date: __________________

Form Processed By: ______________________________________________________
Release Authorization

The Family Education Right and Privacy Act of 1974, as amended, prohibits the release of a student's academic information without the student's written consent.

Please complete the following information:

Student’s Name: ___________________________________________________________

Student’s ID#: ___________________________ Date of Birth: _______________________

Home Phone #: ___________________________ Cell Phone #: _______________________

Email Address: _____________________________________________________________

Release to speak with guardians/family of ________________________________________

(Please initial) ________ In accordance with FERPA, I authorize the Coordinator and office staff of the Office of Disability Services at Three Rivers College to speak with the family or guardians of the student listed above. I understand the Coordinator and office staff of the Office of Disability Services at Three Rivers College will NOT discuss anything except the student’s disability with any of the people listed below.

Name: ___________________________ Relationship to student: _______________________

Name: ___________________________ Relationship to student: _______________________

Name: ___________________________ Relationship to student: _______________________

Student Signature ___________________________ Date __________