



Disability Support Services

Steps To Getting Started with Disability Support Services

1) *Schedule your intake appointment*

If you have not scheduled an intake appointment, contact Shauna Gore, DSS Secretary:
(636)481-3158 or (636)797-3000 ext 3158

2) *Fill out this form and print*

The following form should be filled out by you, printed and brought to your scheduled intake appointment with Disability Support Services.

3) *Disability Documentation*

Please click [here](#) to see what documentation you will need to bring with you to your intake appointment.

4) *Releases*

Within this form are releases that will be explained and signed during your intake.

5) *Intake*

During your scheduled intake, you will present your disability documentation and sign the print out of this form.

If you have any further questions, please contact:

Christine Platter

Disability Support Services Coordinator

(636)481-3169 or (636)797-3000 ext 3169

cplatter@jeffco.edu



Disability Support Services

For Office Use Only
Semester:
Intake Date:

First Name: M.I.
Last Name:
Student I.D. #:

Program Intake
Personal Information

Address:

City: State: Zip:

Home Phone #:

Work #: Cell #:

Email: @jeffco.edu D.O.B. (mm/dd/yyyy)

Please describe your disability and how it impacts you in an academic setting.

What accommodations are you requesting? Please describe how these accommodations will help you.

Disability Information

For Office Use Only

Accommodations Requested by Student

Additional Information

Student Signature

Date



Disability Support Services

First Name: M.I.

Last Name:

Gender:

Student I.D. #:

Prefer not to answer:

U.S. Citizen: YES NO

Veteran: YES NO

Using Veteran Benefits: YES NO

Do you participate in Vocational Rehabilitation? YES NO

(If Yes) Case Contact:

Emergency Contact

Name:

Relationship:

Contact Phone # (s):

Educational Data

High School Attended:

Year Graduate:

If you did not graduate from high school, do you have a GED? YES NO

Other Schools:

Academic Plans

Certificate

Associate of Arts

Associate of Science

Associate of Arts Teaching

Associate of Applied Science

Undecided

Area of Study:

Will you be living on campus in Viking Woods? YES NO

(If Yes) What housing accommodations are you requesting?



Disability Support Services

First Name: M.I.

Last Name:

Student I.D. #:

Release of Information to Designated Individuals

I, _____, hereby authorize Christine Platter, the Jefferson College Disability Support Services Coordinator and the DSS office staff to discuss my academic adjustment plan and progress with my Designated Individuals.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Release of Information to Faculty / Staff

I, _____, hereby authorize Christine Platter, the Jefferson College Disability Support Services Coordinator and the DSS office staff to release information concerning my disability and communicate with faculty and staff as it relates to my college program.

Release of Information to Vocational Rehabilitation

I, _____, hereby authorize Christine Platter, the Jefferson College Disability Support Services Coordinator and the DSS office staff to discuss my academic adjustment plan and progress with my vocational rehabilitation case manager.

Policy and Procedure Review

I, _____, acknowledge my responsibility to review and uphold the published policies and procedures associated with my acceptance of academic accommodations. Failure to do so may result in the revocation of previously approved accommodations and/or disciplinary actions. Please review the Disability Support Services Policies and Procedures Manual and the Jefferson College Student Handbook for further information on campus regulations.

Student Signature

Date



Disability Support Services

First Name: M.I.

Last Name:

Student I.D. #:

Student Consent For Information Release

By law, Jefferson College officials are not permitted to give any information to any person, including a student's parents/spouse, about the student's 1) academic progress, including grades, attendance, academic standing, or 2) payment or financial status. However, it is often the student's wish that information be released to his/her parents/spouse or other designated individuals, who may seek information from the College.

Please complete the space below by listing the names of individuals to whom we may release information. Check all boxes for the types of information to which they may have access.

***RELEASE OF INFORMATION TO THIRD PARTIES: I wish to make information about my academic progress or financial status available to my parents/spouse or other parties. The boxes checked are the types of information that I would like released to each party.**

Name: Academic Financial

Relationship:

Name: Academic Financial

Relationship:

Name: Academic Financial

Relationship:

Name: Academic Financial

Relationship:

Do Not Release Information

I understand that this authorization will remain in effect until revoked by me, in writing, and delivered to the Registrar/Student Records Office.

Student Signature

Date



Disability Support Services

First Name: M.I.

Last Name:

Student I.D. #:

General Release of Information

I, _____, hereby authorize _____
to release information that verifies my disability to the Jefferson College Disability
Support Services Coordinator:

Christine Platter
Disability Support Services Coordinator
Jefferson College
1000 Viking Drive
Hillsboro, MO 63050

email: cplatter@jeffco.edu
Phone: 636-481-3169
Fax: 636-789-5711

I understand this information will be held in strict confidence and is necessary
to determine appropriate and reasonable academic adjustments.

Student Signature

Date