PAC Disability Steps for Students

1) Acceptance into FDTC;

2) Read and sign Rights and Responsibilities Acknowledgement;

3) Fill out the Request for Accommodations Form;

4) Fill out the Information Release Form;

5) Provide a current (within the last three years) Individualized Education Program (IEP) OR current medical documentation. If you plan to submit medical documentation, please include:
   - Diagnosis
   - Prognosis
   - Restrictions or limitations that the disability might dictate
   - Specific reasonable accommodations that are needed
   Must be on letterhead and signed by a doctor - Prescription notes will not be accepted.

6) Return all required documentation detailed above to the FDTC PAC Official located in the 100 building, room 114 OR fax the information to 843.661.8305, Attn: ADA Student Disability Services.
FLORENCE-DARLINGTON TECHNICAL COLLEGE
Program Accessibility Committee (PAC)

Rights and Responsibilities

Students have the right to:

1. Expect all disability-related information to be treated confidentially.
2. Receive appropriate accommodations in a timely manner from faculty and ADA Student Services. Students should have the opportunity to meet privately with faculty to discuss needed accommodations and any other concerns. Please keep in mind that the ADA Office of Student Disability Services is the only office designated to review disability documentation and determine eligibility for appropriate accommodations.
3. Appeal decisions regarding accommodations and auxiliary aids.

Students have the responsibility to:

1. Provide ADA Student Disability Services with appropriate documentation of the disability.
2. Go to the instructor’s office hours or make an appointment with the instructor to facilitate privacy when requesting accommodations.
3. Initiate requests for specific accommodations in a timely manner, preferably early in the semester.
4. Follow procedures with faculty and ADA Student Disability Services in order to get the appropriate accommodations.
5. Inform ADA Student Disability Services of the materials you need in alternate format as soon as possible.
6. Notify faculty/ADA Student Disability Services immediately (preferably within 48 hours) when an accommodation is not being provided completely or correctly.
7. Notify faculty/ADA Student Disability Services immediately when a decision has been made to not use an accommodation or the accommodation is no longer needed.
8. Act as your own advocate. Use resources on campus to assist with developing advocacy skills and communicating your specific needs and accommodations to faculty.

Acknowledgement of Rights and Responsibilities:

I acknowledge that I have read, understand and received a copy of the above Rights and Responsibilities pertaining to Program Accessibility Accommodations at Florence-Darlington Technical College.

____________________________________________
STUDENT SIGNATURE  DATE

Revised June 2017
FLORENCE-DARLINGTON TECHNICAL COLLEGE
Program Accessibility Committee (PAC)

Request for Accommodations Form

Date of Application: ________________________________________________

Student’s Full Name: ________________________________________________

Student ID#: ______________________________________________________

Program of Study: _________________________________________________

Disability: _________________________________________________________

Please check the accommodation(s) you are requesting below:

___ Alternate Test Format
___ Alternate/Extended Deadlines
___ Alternate/Isolated Testing Location
___ Audiobooks
___ Closed Captioned Television
___ Customized Classroom or Lab Desks
___ Extended Testing Time
___ Flexible Attendance
___ Interpreter/Signer
___ Lab Accommodations (Specify)
___ Large Print Books
___ Note-Taker
___ Oral Testing
___ Other Accommodations(Specify)
___ Reader
___ Service Dog
___ Special Classroom Seating Arrangement
___ Tutorial Services
___ Visual Aids
___ Voice Recorder (On Loan)

COMMENTS:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

******************************************************************************OFFICIAL USE ONLY******************************************************************************

Documentation Received: ________________________________________________
Approved Accommodations Letter: _________________________________________
Instructor E-mail: _______________________________________________________

Revised June 2017
FLORENCE-DARLINGTON TECHNICAL COLLEGE
Program Accessibility Committee (PAC)

Information Release Form

Date: ________________________________________________________________

Student’s Full Name: __________________________________________________

Address: ____________________________________________________________

Phone: ______________________________________________________________

Student ID#: _________________________________________________________

I, ___________________________________________ grant permission for
(Please print full name clearly)
Florence-Darlington Technical College (FDTC) to secure, maintain and release records related to
my disability to parties who have a bona fide academic interest in my education at FDTC.

I understand that the above-mentioned is otherwise maintained as strictly confidential
information.

_________________________________  __________________________________________
STUDENT SIGNATURE                      DATE                             FDTC PAC OFFICIAL                     DATE

Revised June 2017