



## SEWARD COUNTY COMMUNITY COLLEGE

1801 N. Kansas Ave., P.O. Box 1137, Liberal, KS 67905-1137 ☎ 620-624-1951 or 1-800-373-9951

### DOCUMENTATION GUIDELINE INFORMATION

It is the policy and practice of Seward County Community College to comply with the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding individuals with disabilities. Under these laws, no qualified individual with a disability shall be denied access to, or participation in services, programs, and activities.

1. It is the student's responsibility to submit the application for Student Accessibility Services and supporting documentation of a disability, to the Dean of Students, located in room 149 of the Student Success Center at Seward County Community College.

2. The cost for obtaining the documentation is the student's responsibility. If the initial documentation is incomplete, Seward County Community College may request additional documentation of the condition before allowing services.

3. The documentation should include:

- A clearly stated diagnosis and its resulting current functional limitations, as determined by a qualified professional. The functional limitations should significantly limit at least one major life activity in an educational setting (i.e. learning; walking; hearing; seeing; manual tasks, etc.)
- Testing instruments used to make the diagnosis generally to be no older than three years from the time the student applies for services and is admitted to Seward County Community College. If unavailable, older testing may be used. Please send materials to Dean of Students.

#### TEMPORARY ACCOMMODATION SERVICES

Students seeking accommodation(s) on the basis of a temporary physical or mental condition (i.e. broken arm; recovery from an accident; etc.) must provide documentation stating the nature and expected duration of the condition. The documentation must reflect the student's functional limitations in an educational setting, and be current. The cost of obtaining the documentation is the responsibility of the student.

Please address questions regarding documentation to:

Annette P. Hackbarth-Onson  
Dean of Students  
1801 N. Kansas Ave. Box 1137  
Liberal, KS 67901  
[annette.hackbarthons@sccc.edu](mailto:annette.hackbarthons@sccc.edu)  
620-417-1106

## LEARNING DISABILITY DOCUMENTATION GUIDELINES

1. Documentation must be prepared by a qualified professional i.e. licensed psychologist, learning disabilities specialist, neuropsychologist and include the following:
  - A clearly stated diagnosis
  - Name of the standardized testing instrument(s) used in making the learning disability determination
  - Standard scores and percentiles
  - Summary and recommendations made by the evaluator
2. Documentation in general should not be older than 3 years prior to admission to Seward County Community College, or the date of the accommodation service request.
3. An IEP alone does not necessarily provide sufficient documentation of a learning disability. Please submit documentation materials to the Dean of Students at Seward County Community College.

### **Questions regarding documentation should be addressed to:**

Annette P. Hackbarth-Onson  
Dean of Students  
1801 N. Kansas Ave. Box 1137  
Liberal, KS 67901  
[annette.hackbarthons@sccc.edu](mailto:annette.hackbarthons@sccc.edu)  
620-417-1106

**ADHD AND PSYCHOLOGICAL DISABILITY DOCUMENTATION GUIDELINES**  
**TO BE FILLED OUT BY LICENSED PROFESSIONAL**

STUDENT: \_\_\_\_\_

*Please use additional paper if needed.*

1. DSM-IV diagnosis: \_\_\_\_\_

2. Date diagnosis was determined: \_\_\_\_\_

3. Instruments/procedures used to make diagnosis: \_\_\_\_\_

4. Severity of disability: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

5. Date of last contact with student: \_\_\_\_\_

6. If student is taking disability-related prescribed medication, please list:

\_\_\_\_\_

7. Description of student's disability-related functional limitations and how they might impact on this student's academic activities i.e. reading, notetaking, concentration, interactions with instructors and students, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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Dean of Students  
1801 N. Kansas Ave. Box 1137  
Liberal, KS 67901  
[annette.hackbarthons@sccc.edu](mailto:annette.hackbarthons@sccc.edu)  
620-417-1106

**PHYSICAL, SENSORY, AND HEALTH RELATED DOCUMENTATION GUIDELINES  
TO BE FILLED OUT BY LICENSED PROFESSIONAL**

STUDENT: \_\_\_\_\_

PLEASE USE SEPARATE PAPER IF NEEDED

1. What is the diagnosis? \_\_\_\_\_

2. Level of severity: \_\_\_\_\_Mild \_\_\_\_\_Moderate \_\_\_\_\_Severe

2. When was the diagnosis made? \_\_\_\_\_

3. When was your last contact with the above named student? \_\_\_\_\_

4. Is this condition: \_\_\_\_\_Temporary \_\_\_\_\_Permanent

5. Please describe this student's functional limitations as a result of this condition, and how they might impact on this student's academic activities such as learning, exam taking, notetaking, concentrating, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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