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## Receiving Accommodations as a Dual Credit Student at Weatherford College

1. Complete and submit the Application for Services, Reasonable Accommodation Request Form and FERPA form. All forms are available from your high school counselor or within your myWC portal by clicking: Student Services tab->Office of Disabilities and Accommodations link (left side of page)->Handouts (bottom of page)->Dual Credit Accommodation Forms.
2. Request that your high school counselor send your current IEP or 504 accommodations, including the disability for which you receive accommodations, to the address, fax or email address listed above.
3. Once enrolled, meet with your high school counselor and Dawn Kahlden, Director of Office of Disabilities at WC, to review paperwork and determine appropriate accommodations for the course(s) in which you are enrolled. This can be done in person or on the phone.
4. The approved Accommodation Form will be shared with you, your counselor and your teacher. We like to have this done before the class starts, if possible.
5. Renew your accommodations each semester by completing only the Reasonable Accommodation Request Form.

**Send documentation to:**

Weatherford College  
Office of Disabilities  
225 College Park Drive  
Weatherford TX 76086

**Fax documentation to:**

817-598-6205 Attention: Dawn Kahlden

**Scan and email documentation to:**

dkahlden@wc.edu

**For more information, contact:**

Dawn Kahlden  
817-598-6350

## Application for Dual Credit Services

Year Applying: \_\_\_\_\_ Semester:  Fall  Spring High School: \_\_\_\_\_

### Student Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

WC Email: \_\_\_\_\_@wcstudents.wc.edu Personal Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F WC Student ID: \_\_\_\_\_

Address Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Disability Information *(Check all that apply to you)*

- |   |  |
|---|--|
| <input type="checkbox"/> Blind/Visual Impairment  | <input type="checkbox"/> Deaf/Hard of Hearing                            |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Speech Impairment                               |
| <input type="checkbox"/> Mental Health/Psychological/Psychiatric  | <input type="checkbox"/> Chronic/Medical Illness                         |
| <input type="checkbox"/> Mobility Impairment  | <input type="checkbox"/> Neurological/Neurodevelopment (Autism Spectrum) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) |  |
| <input type="checkbox"/> Other: <i>Please specify</i>   |  |

Please describe how your disability affects your academic life or major life functions: \_\_\_\_\_

### Assurances *Please check each statement in accordance with the policies and procedures of the Office of Disabilities*

- I understand this application and documentation of my disability must be submitted to the Office of Disabilities in order to process my Request for Accommodations.
- The information submitted to the Office of Disabilities is confidential.
- The information submitted the Office of Disabilities WILL NOT be placed in my academic records.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Reasonable Accommodation Request Form—Dual Credit

**Remember you must request new accommodations at the start of each semester.**

You must also use this form to submit new, reasonable accommodations. Our office will create your accommodation forms within 48 business hours of receipt of this form.

DATE: \_\_\_\_\_ SEMESTER ACCOMMODATIONS NEEDED: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_

Student ID: \_\_\_\_\_

Please check the box next to the accommodations you would like to *request* for your classes this semester.

***\*\*Requested accommodations will be reviewed and approved by the Office of Disabilities\*\****

- |  |  |
|--|--|
| <input type="checkbox"/> Preferential Seating  | <input type="checkbox"/> Extra Time for Tests (1.5x) |
| <input type="checkbox"/> Oral Tests  | <input type="checkbox"/> Scribe for Tests            |
| <input type="checkbox"/> Test Administered in Private Room   |  |
| <input type="checkbox"/> Other: <i>Please explain, but remember they must be considered reasonable under ADA guidelines for the documented disability.</i> |  |

### **FACE-TO-FACE CLASSES:**

You are responsible for taking the accommodation form provided to you and the high school counselor and giving a copy to your teacher.

### **ONLINE CLASSES:**

If you are enrolled in online classes (a class that never meets on campus) you may enter the name of the course and the instructor's name below and we will email a copy of your accommodations directly to your instructor. This is **only done for online classes**, and it is your responsibility to confirm that the instructor has received this email and has arranged your reasonable accommodations. We will also send a copy to you and your high school counselor.

*Please list online Course/Section/Instructor: Example—GEOL 1404/102/Smith*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Name of Student (Last, First, Middle Initial): (PLEASE PRINT)	Student ID:	Date:
_____	_____	_____

The Family Educational Rights and Privacy Act (FERPA) affords all students certain rights regarding educational records. Other than information defined as directory information (see WC Student Handbook), a student's academic record is treated confidentially and will not be released to a third party without the written consent of the student. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Weatherford College to release education records to third parties, it does not obligate Weatherford College to do so. Weatherford College reserves the right to review and respond to requests for release of education records on a case-by-case basis. Students cannot be denied any educational services from Weatherford College if they refuse to provide consent. For additional information, visit the U.S. Department of Education's website at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

**SECTION A Education records to be released (check all that apply):**

- Academic Information** (academic transcript, admission and registration information, assessment test scores, student ID number, academic progress, enrollment status, residency information, and any other documentation contained in the academic records)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity, records hold information relating to parking tickets, library fines and other accounts receivable information in student account records)
- All Records Listed Above**
- Other** (please specify): \_\_\_\_\_

*\*\*This consent does not cover financial aid records or records held by the Counseling Center.\*\**

**SECTION B Person(s) to whom access to education records may be provided:**

Name of person to whom access to records may be provided	Relationship to Student
_____	_____
Name of person to whom access to records may be provided	Relationship to Student
_____	_____
Name of person to whom access to records may be provided	Relationship to Student
_____	_____

**SECTION C Duration of release (check ONE):**

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: \_\_\_\_\_

**SECTION D Purpose of release (check ONE):**

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other** (please specify): \_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Weatherford College Registrar.

Student's Signature \_\_\_\_\_ (Date) \_\_\_\_\_ Signature of Parent or Guardian (if under 18) \_\_\_\_\_ (Date)

This form must be fully complete and signed by the student in the presence of a WC representative. A photo ID is required to verify authenticity of this release. Records cannot be released if any Section of this form is not filled out entirely. FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.

*This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. 04 22 2014*