



## **Sinclair Accommodation Request Guidance** *College Credit Plus (CCP) & Miami Valley Tech Prep*

You currently participate in a College Credit Plus (CCP) or Miami Valley Tech Prep (*Integrated Allied Health Math or Math for Technologists*) course through Sinclair. As a college student (including CCP students under 18 years of age), the student is responsible for their educational experience. Federal guidelines mandate different services be offered in high schools versus post-secondary institutions. While the student may have an Individualized Education Plan or 504 Plan in high school, not all high school accommodations translate to the college setting, even if the CCP course is at the high school. A difference from high school is that the student must request accommodations through the post-secondary institution. Students are entitled to FERPA protections. The post-secondary institution's Office of Accessibility Services only communicates with the student and post-secondary faculty regarding accommodations. ***If a student has an issue or concern regarding accommodations, they must contact the post-secondary institution's Office of Accessibility Services for assistance.*** Approved accommodations do not transfer from one course to another, semester to semester or year to year. The student must contact the post-secondary institution's Office of Accessibility Services to request accommodations for **each** class.

### **How to register with the Office of Accessibility Services:**

- 1) Visit: <https://www.sinclair.edu/services/support/accessibility-services/>
- 2) Submit disability documentation
  - a. Often the students' IEP & ETR or 504 plan (the post-secondary institution could also accept other documentation of disability).
  - b. Submit documentation as follows:
    - i. In-person to Accessibility Services in Building 10, Room 424
    - ii. Via Fax [937-512-4521](tel:937-512-4521)
    - iii. Email to [accessibility@sinclair.edu](mailto:accessibility@sinclair.edu)
      1. SUBJECT: CCP or Tech Prep Accommodation Request
      2. List the CCP and/or Tech Prep course for which you are applying for accommodations
      3. Attach your documentation
        - a. *Please complete and return the attached form to MVCTC's Student Services Office if you want MVCTC to email the current IEP & ETR or 504 plan. MVCTC will include the student in the email sent to Sinclair using the student's personal email address. The student will need to complete additional steps to register for Sinclair courses. MVCTC will not be involved in future registration steps.*
- 3) The Office of Accessibility Services will contact the student to schedule an intake appointment to discuss if services at the college level are approved, the differences between high school and college, how accommodations are provided, and how to request accommodations for future courses.

Sinclair's Office of Accessibility Services maintains the student documentation of a disability. Documentation remains confidential and separate from the student's academic record. Faculty and staff outside of Accessibility Services cannot access the student's documentation or provided services.



**Sinclair Accommodation Request Release of Records**  
*College Credit Plus (CCP) & Miami Valley Tech Prep*

Attention (Check the appropriate enrolled course type):

| Check Type               | Course Type               | Write Course Name(s) |
|--------------------------|---------------------------|----------------------|
| <input type="checkbox"/> | College Credit Plus (CCP) |                      |
| <input type="checkbox"/> | Miami Valley Tech Prep    |                      |

Have you completed Sinclair's Accessibility Application?

- Yes
- No (MVCTC cannot submit disability documentation until the application is submitted)

|  |   |                                     |                          |                       |   |                  |     |
|--|---|-------------------------------------|--------------------------|-----------------------|---|------------------|-----|
| Student Information                            | Last name   |                                     | First name               |                       | Middle  |                  |     |
|  | Address   |                                     |                          |                       | City  | State            | Zip |
|  | Birthdate   |                                     | Grade                    |                       | Phone #   |                  |     |
|  | Partner School:   |                                     |                          |                       | Personal Email Address:   |                  |     |
| Documents to share                             | <input type="checkbox"/>  | Individualized Education Plan (IEP) |                          |                       |   |                  |     |
|  | <input type="checkbox"/>  | Evaluation Team Report (ETR)        |                          |                       |   |                  |     |
|  | <input type="checkbox"/>  | 504 Plan (504)                      |                          |                       |   |                  |     |
|  | <input type="checkbox"/>  | Other, please explain:              |                          |                       |   |                  |     |
| Consent  | This information may be disclosed to and used by the following individual or organization:  |                                     |                          |                       | The following individual or organization is authorized to disclose the above information: |                  |     |
|  | Organization <b>SINCLAIR COLLEGE</b>  |                                     |                          |                       | Organization: <b>MIAMI VALLEY CAREER TECHNOLOGY CENTER</b>                                |                  |     |
|  | Office: <b>ACCESSIBILITY SERVICES</b>   |                                     |                          |                       | Office: <b>Student Services</b>   |                  |     |
|  | Address <b>444 West Third Street</b>  |                                     |                          |                       | Address <b>6800 Hoke Road</b>   |                  |     |
|  | City <b>Dayton</b>  | State <b>Ohio</b>                   | Zip <b>45402</b>         | City <b>Englewood</b> | State <b>Ohio</b>   | Zip <b>45315</b> |     |
|  | Email: <b>accessibility@sinclair.edu</b>  |                                     | Fax# <b>937-512-4521</b> | Phone#                | Fax# <b>937-854-6255</b>  |                  |     |
| Reason Needed                                  | <input type="checkbox"/>  | College Credit Plus (CCP)           |                          |                       |   |                  |     |
|  | <input type="checkbox"/>  | Miami Valley Tech Prep              |                          |                       |   |                  |     |
|  | <input type="checkbox"/>  | Other:                              |                          |                       |   |                  |     |
| Authorization                                  | I hereby authorize Miami Valley Career Technology Center (MVCTC) to release the above-requested documents to the entity listed above. This authorization shall remain in effect while the above student is enrolled at MVCTC. I understand that I may withdraw this authorization by written notification to the above parties. However, this written notification cannot affect actions that have taken place based on my prior authorization. |                                     |                          |                       |   |                  |     |
|  | I understand that if the person or entity that receives the above information is not a healthcare provider or covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by federal privacy regulations.   |                                     |                          |                       |   |                  |     |
|  | Signature of Student  |                                     |                          |                       | Date  |                  |     |
|  | Signature of Parent or Guardian (if student under the age of 18)  |                                     |                          |                       | Date  |                  |     |
| Signature of School Representative (when sent) |   |                                     |                          | Date                  |   |                  |     |



## **Clark State Accommodation Request Guidance** *College Credit Plus (CCP) & Miami Valley Tech Prep*

You currently participate in College Credit Plus (CCP) through Clark State. As a college student (including CCP students under 18 years of age), the student is responsible for their educational experience. Federal guidelines mandate different services be offered in high schools versus post-secondary institutions. While the student may have an Individualized Education Plan or 504 Plan in high school, not all high school accommodations translate to the college setting, even if the CCP course is at the high school. A difference from high school is that the student must request accommodations through the post-secondary institution. Students are entitled to FERPA protections. The post-secondary institution's Office of Accessibility Services only communicates with the student and post-secondary faculty regarding accommodations. ***If a student has an issue or concern regarding accommodations, they must contact the post-secondary institution's Office of Accessibility Services for assistance.*** Approved accommodations do not transfer from one course to another, semester to semester or year to year. The student must contact the post-secondary institution's Office of Accessibility Services to request accommodations for **each** class.

### **How to register with Clark State's Office of Accessibility Services:**

- 1) Visit: <https://www.clarkstate.edu/academics/accessibility-services>
- 2) Complete and submit the Accommodation Request Form
- 3) Submit disability documentation
  - a. Often the students' IEP & ETR or 504 plan (the post-secondary institution could also accept other documentation of disability).
  - b. Submit documentation as follows (after submitting the Accommodation Request Form)
    - i. Via fax: 937-328-7969
    - ii. Email to [accessibility@clarkstate.edu](mailto:accessibility@clarkstate.edu)
      1. SUBJECT: CCP Accommodation Request
      2. *Please complete and return the attached form to MVCTC's Student Services Office if you want MVCTC to fax the current IEP & ETR or 504 plan. The student will need to complete additional steps to register for Sinclair courses. MVCTC will not be involved in future registration steps.*
- 4) The Office of Accessibility Services will contact the student to schedule an intake appointment to discuss if services at the college level are approved, the differences between high school and college, how accommodations are provided, and how to request accommodations for future courses.

The Office of Accessibility Services maintains student documentation of a disability. Documentation remains confidential and separate from the student's academic record. Faculty and staff outside of Accessibility Services do not have access to the student's documentation or provided services.



**Clark State Accommodation Request Release of Records**  
*College Credit Plus (CCP) & Miami Valley Tech Prep*

Attention (Check the appropriate enrolled course type):

| Check Type               | Course Type               | Write Course Name(s) |
|--------------------------|---------------------------|----------------------|
| <input type="checkbox"/> | College Credit Plus (CCP) |                      |

Have you completed Clark States's Accommodation Request Form?

- Yes
- No (MVCTC cannot submit disability documentation until the application is submitted)

|  |  |                                     |                          |                       |   |                  |                          |
|--|--|-------------------------------------|--------------------------|-----------------------|---|------------------|--------------------------|
| Student Information                        | Last name  |                                     | First name               |                       | Middle  |                  |                          |
|  | Address  |                                     |                          |                       | City  | State            | Zip                      |
|  | Birthdate  |                                     | Grade                    |                       | Phone #   |                  |                          |
|  | Partner School:  |                                     |                          |                       | Personal Email Address:   |                  |                          |
| Documents to share                         | <input type="checkbox"/>   | Individualized Education Plan (IEP) |                          |                       |   |                  |                          |
|  | <input type="checkbox"/>   | Evaluation Team Report (ETR)        |                          |                       |   |                  |                          |
|  | <input type="checkbox"/>   | 504 Plan (504)                      |                          |                       |   |                  |                          |
|  | <input type="checkbox"/>   | Other, please explain:              |                          |                       |   |                  |                          |
| Consent                                    | This information may be disclosed to and used by the following individual or organization:   |                                     |                          |                       | The following individual or organization is authorized to disclose the above information: |                  |                          |
|  | Organization <b>CLARK STATE</b>  |                                     |                          |                       | Organization: <b>MIAMI VALLEY CAREER TECHNOLOGY CENTER</b>                                |                  |                          |
|  | Office: <b>ACCESSIBILITY SERVICES</b>  |                                     |                          |                       | Office: <b>Student Services</b>   |                  |                          |
|  | Address <b>570 E. Leffel Lane</b>  |                                     |                          |                       | Address <b>6800 Hoke Road</b>   |                  |                          |
|  | City <b>Springfield</b>  | State <b>Ohio</b>                   | Zip <b>45505</b>         | City <b>Englewood</b> | State <b>Ohio</b>   | Zip <b>45315</b> |                          |
|  | Phone # <b>937-328-6019</b>  |                                     | Fax# <b>937-512-4521</b> |                       | Phone#  |                  | Fax# <b>937-854-6255</b> |
| Email: <b>accessibility@clarkstate.edu</b> |  | Email:                              |                          |                       |   |                  |                          |
| Reason Needed                              | <input type="checkbox"/>   | College Credit Plus (CCP)           |                          |                       |   |                  |                          |
|  | <input type="checkbox"/>   | Miami Valley Tech Prep              |                          |                       |   |                  |                          |
|  | <input type="checkbox"/>   | Other:                              |                          |                       |   |                  |                          |
| Authorization                              | I hereby authorize Miami Valley Career Technology Center (MVCTC) to release the above-requested documents to the entity listed above. This authorization shall remain in effect while the student listed above is enrolled at MVCTC. I understand that I may withdraw this authorization by written notification to the above parties. However, this written notification cannot affect actions that have taken place based on my prior authorization. |                                     |                          |                       |   |                  |                          |
|  | I understand that if the person or entity that receives the above information is not a healthcare provider or covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by federal privacy regulations.  |                                     |                          |                       |   |                  |                          |
|  | Signature of Student   |                                     |                          |                       | Date  |                  |                          |
|  | Signature of Parent or Guardian (if student under the age of 18)   |                                     |                          |                       | Date  |                  |                          |
|  | Signature of School Representative (when sent)   |                                     |                          |                       | Date  |                  |                          |



## **Edison State Accommodation Request Guidance** *College Credit Plus (CCP) & Miami Valley Tech Prep*

You currently participate in College Credit Plus (CCP) through Edison State. As a college student (including CCP students under 18 years of age), the student is responsible for their educational experience. Federal guidelines mandate different services be offered in high schools versus post-secondary institutions. While the student may have an Individualized Education Plan or 504 Plan in high school, not all high school accommodations translate to the college setting, even if the CCP course is at the high school. A difference from high school is that the student must request accommodations through the post-secondary institution. Students are entitled to FERPA protections. The post-secondary institution's Office of Accessibility Services only communicates with the student and post-secondary faculty regarding accommodations. ***If a student has an issue or concern regarding accommodations, they must contact the post-secondary institution's Office of Accessibility Services for assistance.*** Approved accommodations do not transfer from one course to another, semester to semester or year to year. The student must contact the post-secondary institution's Office of Accessibility Services to request accommodations for **each** class.

### **How to register with Edison State's Office of Accessibility and Disability Services:**

- 1) Visit: <https://www.edisonohio.edu/services-support/accessibility-disability-support-services>
- 2) Click on "Accessibility & Disability Support APPLICATION"
- 3) Complete and submit each of the necessary online forms for application
- 4) Submit disability documentation
  - a. Often the students' IEP & ETR or 504 plan (the post-secondary institution could also accept other documentation of disability).
  - b. **SUBMIT ALL COMPLETED FORMS TO**  
**Accessibility and Disability Support Services**  
1973 Edison Drive  
Piqua, OH 45356 or  
FAX 833.594.1391
- 5) **AFTER** all documentation is submitted, contact Edison's Student Services Department at 937.778.7850 to schedule a pre-service interview to discuss if services at the college level are approved, the differences between high school and college, how accommodations are provided, and how to request accommodations for future courses.

The Office of Accessibility Services maintains student documentation of a disability. Documentation remains confidential and separate from the student's academic record. Faculty and staff outside of Accessibility Services do not have access to the student's documentation or provided services.



**Edison State Accommodation Request Release of Records**  
*College Credit Plus (CCP) & Miami Valley Tech Prep*

Attention (Check the appropriate enrolled course type):

| Check Type               | Course Type               | Write Course Name(s) |
|--------------------------|---------------------------|----------------------|
| <input type="checkbox"/> | College Credit Plus (CCP) |                      |

Have you completed Edison States's Accommodation Request Form?

- Yes
- No (MVCTC cannot submit disability documentation until the application is submitted)

|                     |  |                                     |                   |   |         |                       |
|---------------------|--|-------------------------------------|-------------------|---|---------|-----------------------|
| Student Information | Last name  |                                     | First name        |   | Middle  |                       |
|                     | Address  |                                     |                   |   | City    |                       |
|                     | State  |                                     | Zip               |   |         |                       |
|                     | Birthdate  |                                     | Grade             |   | Phone # |                       |
| Partner School:     |  |                                     |                   | Personal Email Address:   |         |                       |
| Documents to share  | <input type="checkbox"/>   | Individualized Education Plan (IEP) |                   |   |         |                       |
|                     | <input type="checkbox"/>   | Evaluation Team Report (ETR)        |                   |   |         |                       |
|                     | <input type="checkbox"/>   | 504 Plan (504)                      |                   |   |         |                       |
|                     | <input type="checkbox"/>   | Other, please explain:              |                   |   |         |                       |
| Consent             | This information may be disclosed to and used by the following individual or organization:   |                                     |                   | The following individual or organization is authorized to disclose the above information: |         |                       |
|                     | Organization <b>EDISON STATE</b>   |                                     |                   | Organization: <b>MIAMI VALLEY CAREER TECHNOLOGY CENTER</b>                                |         |                       |
|                     | Office: <b>ACCESSIBILITY and DISABILITY SUPPORT SERVICES</b>   |                                     |                   | Office: <b>Student Services</b>   |         |                       |
|                     | Address <b>1973 Edison Drive</b>   |                                     |                   | Address <b>6800 Hoke Road</b>   |         |                       |
|                     | City <b>Piqua</b>  |                                     | State <b>Ohio</b> | Zip <b>45356</b>  |         | City <b>Englewood</b> |
|                     | State <b>Ohio</b>  |                                     | Zip <b>45315</b>  |   |         |                       |
| Reason Needed       | <input type="checkbox"/>   | College Credit Plus (CCP)           |                   |   |         |                       |
|                     | <input type="checkbox"/>   | Miami Valley Tech Prep              |                   |   |         |                       |
|                     | <input type="checkbox"/>   | Other:                              |                   |   |         |                       |
| Authorization       | I hereby authorize Miami Valley Career Technology Center (MVCTC) to release the above-requested documents to the entity listed above. This authorization shall remain in effect while the student listed above is enrolled at MVCTC. I understand that I may withdraw this authorization by written notification to the above parties. However, this written notification cannot affect actions that have taken place based on my prior authorization. |                                     |                   |   |         |                       |
|                     | I understand that if the person or entity that receives the above information is not a healthcare provider or covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by federal privacy regulations.  |                                     |                   |   |         |                       |
|                     | Signature of Student   |                                     |                   |   | Date    |                       |
|                     | Signature of Parent or Guardian (if student under the age of 18)   |                                     |                   |   | Date    |                       |
|                     | Signature of School Representative (when sent)   |                                     |                   |   | Date    |                       |



## **Wright State University Accommodation Request Guidance** *College Credit Plus (CCP)*

You currently participate in College Credit Plus (CCP) through Wright State University. As a college student (including CCP students under 18 years of age), the student is responsible for their educational experience. Federal guidelines mandate different services be offered in high schools versus post-secondary institutions. While the student may have an Individualized Education Plan or 504 Plan in high school, not all high school accommodations translate to the college setting, even if the CCP course is at the high school. A difference from high school is that the student must request accommodations through the post-secondary institution. Students are entitled to FERPA protections. The post-secondary institution's Office of Accessibility Services only communicates with the student and post-secondary faculty regarding accommodations. ***If a student has an issue or concern regarding accommodations, they must contact the post-secondary institution's Office of Accessibility Services for assistance.*** Approved accommodations do not transfer from one course to another, semester to semester or year to year. The student must contact the post-secondary institution's Office of Accessibility Services to request accommodations for **each** class.

### **How to register with Wright State's Office of Accessibility Services:**

- 1) Visit: <https://www.wright.edu/disability-services>
- 2) Click "Register for Student Accommodations"
- 3) Complete and submit the Current Student Application Form online
- 4) Submit disability documentation
  - a. Often the students' IEP & ETR or 504 plan (the post-secondary institution could also accept other documentation of disability).
- 5) The Office of Accessibility Services will contact the student to schedule an intake appointment to discuss if services at the college level are approved, the differences between high school and college, how accommodations are provided, and how to request accommodations for future courses.

The Office of Accessibility Services maintains student documentation of a disability. Documentation remains confidential and separate from the student's academic record. Faculty and staff outside of Accessibility Services do not have access to the student's documentation or provided services.



**Wright State Accommodation Request Release of Records**  
*College Credit Plus (CCP)*

Attention (Check the appropriate enrolled course type):

| Check Type               | Course Type               | Write Course Name(s) |
|--------------------------|---------------------------|----------------------|
| <input type="checkbox"/> | College Credit Plus (CCP) |                      |

Have you completed Wright States's Accommodation Request Form?

- Yes
- No (MVCTC cannot submit disability documentation until the application is submitted)

|  |  |                          |                   |                          |   |  |
|--|--|--------------------------|-------------------|--------------------------|---|--|
| Student Information                          | Last name  |                          | First name        |                          | Middle  |  |
|  | Address  |                          |                   |                          | City  |  |
|  | State  |                          | Zip               |                          |   |  |
|  | Birthdate  |                          | Grade             |                          | Phone #   |  |
| Partner School:                              |  |                          |                   | Personal Email Address:  |   |  |
| Documents to share                           | <input type="checkbox"/> Individualized Education Plan (IEP)   |                          |                   |                          |   |  |
|  | <input type="checkbox"/> Evaluation Team Report (ETR)  |                          |                   |                          |   |  |
|  | <input type="checkbox"/> 504 Plan (504)  |                          |                   |                          |   |  |
|  | <input type="checkbox"/> Other, please explain:  |                          |                   |                          |   |  |
| Consent                                      | This information may be disclosed to and used by the following individual or organization:   |                          |                   |                          | The following individual or organization is authorized to disclose the above information: |  |
|  | Organization <b>Wright State University</b>  |                          |                   |                          | Organization: <b>MIAMI VALLEY CAREER TECHNOLOGY CENTER</b>                                |  |
|  | Office: <b>ACCESSIBILITY SERVICES</b>  |                          |                   |                          | Office: <b>Student Services</b>   |  |
|  | Address <b>3640 Colonel Glen Hwy</b>   |                          |                   |                          | Address <b>6800 Hoke Road</b>   |  |
|  | City <b>Dayton</b>   |                          | State <b>Ohio</b> |                          | Zip <b>45435</b>  |  |
|  | City <b>Englewood</b>  |                          | State <b>Ohio</b> |                          | Zip <b>45315</b>  |  |
| Phone # <b>937-775-1000</b>                  |  | Fax# <b>937-775-5844</b> |                   | Phone#                   |   |  |
| Email: <b>disability_services@wright.edu</b> |  | Email:                   |                   | Fax# <b>937-854-6255</b> |   |  |
| Reason Needed                                | <input type="checkbox"/> College Credit Plus (CCP)   |                          |                   |                          |   |  |
|  | <input type="checkbox"/> Miami Valley Tech Prep  |                          |                   |                          |   |  |
|  | <input type="checkbox"/> Other:  |                          |                   |                          |   |  |
| Authorization                                | I hereby authorize Miami Valley Career Technology Center (MVCTC) to release the above-requested documents to the entity listed above. This authorization shall remain in effect while the student listed above is enrolled at MVCTC. I understand that I may withdraw this authorization by written notification to the above parties. However, this written notification cannot affect actions that have taken place based on my prior authorization. |                          |                   |                          |   |  |
|  | I understand that if the person or entity that receives the above information is not a healthcare provider or covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by federal privacy regulations.  |                          |                   |                          |   |  |
|  | Signature of Student   |                          |                   |                          | Date  |  |
|  | Signature of Parent or Guardian (if student under the age of 18)   |                          |                   |                          | Date  |  |
|  | Signature of School Representative (when sent)   |                          |                   |                          | Date  |  |