Student Rights/Responsibility Form

I, ______________________________, understand that I am receiving services through the Office of Disability Services at Paine College. By receiving services, I agree to do the following:

1. Meet at least one time per semester with the Coordinator of Disability Services to update my file, submit a schedule, and present any new requests for services.

2. Independently order my books from home on tape at least two months in advance using the membership to the Recordings for the Blind and Dyslexic. I agree to notify the institution at least two months before the membership renewal each year.

3. Notify Disability Services immediately if any problems arise in my classes or around campus.

4. Notify Disability Services as soon as I receive notice for the Regent’s Exam date.

5. Contact the Office of Disability Services at (706) 821-8388 during the first week of class to schedule special testing arrangements from the Counseling and Testing Center (assistance includes a special testing form or testing assistance).

Also, I understand that receiving reasonable accommodations through the Office of Disability Services does not exempt me from any of my responsibilities as a student. I will, for example, be expected to attend class regularly and comply with all academic standards set by my professor, the Department Chairs, Deans and Administrators. Students are welcomed to meet with the Coordinator of Disability Services as often as needed on an appointment basis. Appointments are necessary to ensure that the Coordinator of Disability Services will be able to assist students in an efficient manner.

Confidentiality: Information shared by you in a counseling session or through testing will be treated with the highest regard for confidentiality, and will not be disclosed without your permission. In some situations involving danger and/or risk of imminent harm to yourself or specifically identified others, child abuse, or dependent adult abuse, your counselor is required to disclose certain information in order to protect you and/or others. In certain legal situations including court order, your counselor is required to disclose information as necessary to comply with the law in that situation. If at all possible, your counselor will discuss that procedure for doing this with you and enlist your assistance in resolution of the situation that has necessitated such disclosure.
Respect: The counselor can be expected to respect you as an individual and to convey this respect by keeping appointments or contacting you if a change in time is necessary, by giving you complete attention during sessions, and by providing the most effective counseling possible. You have the right to equal treatment, the right not to be treated differently from other students because of race, age, sex, religion, disability, national origin, sexual preference, physical appearance, socioeconomic status, or presenting conditions.

Counseling Records: Counseling files are NOT part of academic records, and no one has access to them except the staff of the Office of Disability Services. Complete records are maintained for seven years.

Keeping appointments: Once your appointment has been scheduled, it is your responsibility to keep the appointment. If any emergency arises, please reschedule your appointment by calling the receptionist at the Office (706-821-8388), giving as much advance notice as possible.

E-mail policy: Please do not e-mail information that is personal and/or urgent because we cannot guarantee the confidentiality of your e-mail and the timeliness of a response.

Feedback: The Office of Disability Services is interested in any feedback you may have regarding the services you receive. You are welcomed to provide us with feedback at any time about the counseling process. If for any reason you are not satisfied with the counseling process, we encourage you to discuss this first with your counselor. If your concerns are not resolved to your satisfaction, you may request an appointment with the Director of the Office of Disability Services to discuss possible reassignment or other counseling options.

____________________________________  _____________________
Student’s Signature       Date

____________________________________  _____________________
Coordinator of Disability Services      Date