



Blue Mountain Community College *Administrative Procedure*

Procedure Title: Transitioning Students With Disabilities to 2 Year or 4 Year Schools or to Work

Procedure Number: 07-2005-0007

Board Policy Reference: I.B.

Accountable Administrator: VP Student Affairs

Position responsible for updating: Student Health & Wellness Resource Coordinator

Original Date: 12/2005

Date Approved by Cabinet: 4-12-16

Authorizing Signature: *Signed original on file*

Dated: 04-12-16

Date Posted on Web: 04-12-16

Revised: 03-16

Reviewed: 03-16

Purpose/Principle/Definitions:

To assist students with disabilities in making a smooth transition to another college or university or into a work setting

Procedures:

To transition smoothly to another postsecondary institution, the Student Health & Wellness Resource Center (HWRC) Coordinator will provide the student with the name and number for their counterpart at the school to which she/he is transitioning. The student or the receiving school may request documentation about the student's disability and the accommodations records from the HWRC Coordinator. If the receiving school makes the request, the HWRC Coordinator must obtain a release from the student prior to providing the records.

To transition a student to the workplace, the HWRC Coordinator will refer students to a BMCC Student Success Coach, Oregon Vocational Rehabilitation Services (OVRs) and/or Community Action Program of East Central Oregon (CAPECO) to assist in job readiness, placement and accommodation. The HWRC Coordinator or Success Coach will provide the student with the name and number for the coordinators of each of those programs and assist the student in making the initial contact. The transition is considered a success if the student has held a job for 90 days.

Special Forms:

Consent to Share Disability Information



Consent to Share Disability Information

2411 NW Carden
Pendleton, OR 97801

(541)278-5931 Service Center
(541)278-5885 Fax
getinfo@bluecc.edu

BMCC ID: _____ - _____ OR SSN: _____ - _____ - _____

Last Name: _____ First Name: _____

Have you requested Directory Exemption? Yes No Date of Birth: ____/____/____

I, _____, wish to have information regarding my disability shared between BMCC Student Disability Services staff and specific individuals for the purpose of assisting them in understanding any or all of the following: abilities and disabilities, request for accommodations, health and safety needs, strategies that are effective, and academic success.

I give my consent for this confidential information to be shared verbally or in writing between BMCC Student Disability Services and the following persons and/or agencies:

- BMCC Employees involved with my education and services
- High School Counselor (Provide Name and Contact Number)

- Private Physician/Counselor, Therapist, Vocational Rehabilitation,
(Provide Name and Contact Numbers) This is an open release to communicate:

- Family Member Name and Contact Number) _____
- Emergency Contact: If we know you have an emergency on campus, is there someone you wish BMCC Student Disability Services to notify? (Provide Name and Contact Information)

I understand that each person listed above will be informed that the confidentiality of this information is protected by state laws (ORS 192.500 and ORS 179.505) and federal law (PL 93-380, the Federal Family Education Rights and Privacy Act of 1974). The information shared with them is for their knowledge only and will not be shared with others unless I am informed or give my consent. Consent may be withdrawn by written notice.

Student Signature: _____
_____ / _____

Date: ____/____/____

