



APPLICATION FOR ACCESSIBILITY SERVICES

Name: _____ ID Number: _____
Last First M.I.

Address: _____ Date of Birth: _____

_____ Home Phone: _____
City State Zip Voice TTY Video Phone

E-mail Address: _____ Work Phone: _____

I check my e-mail regularly.

I do not check my e-mail regularly.

Cell Phone: _____

What is the best way to contact you?

Home Phone Work Phone Cell Phone TTY Video Phone E-mail

High School: _____ GED Date of Graduation/GED: _____

When will Accessibility Services need to start? Fall Spring Summer Year: 20____

Financial Assistance/Program Assistance:

Financial Aid

Rehabilitation Services for the Blind

Scholarship

Counselor's Name _____

Division of Vocational Rehabilitation

Other _____

Counselor's Name _____

Other _____

DISABILITY: Check all that apply.

Acquired Brain Injury

Deaf/Blind

Learning Disabilities

ADD/ADHD

Developmental Disability

Orthopedic Impairment

Blind

Hard-Of-Hearing

Partial Sight

Chemical Dependence

Health Impairment

Mental Health (Depression, Anxiety, etc.)

Deaf

Language Impairment

Speech Impairment

Other: _____

ACCOMMODATIONS:

Based on your disability, check the accommodations you will need in college in order to have equal access. (Accommodation approval is based on supporting documentation of disability.)

<u>Instructional</u>	<u>Testing</u>	<u>Support Persons</u>	<u>Environment</u>	<u>Equipment</u>
<input type="checkbox"/> Braille	<input type="checkbox"/> Alternate Format	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Accessible Site	<input type="checkbox"/> Adaptive Technology
<input type="checkbox"/> Disability Related Absence	<input type="checkbox"/> Calculator	<input type="checkbox"/> Lab Assistant	<input type="checkbox"/> Adjustable Table	<input type="checkbox"/> Amplified Phone
<input type="checkbox"/> Large Print	<input type="checkbox"/> Distraction Reduced Site	<input type="checkbox"/> Note taking Assistance	<input type="checkbox"/> Close Parking	<input type="checkbox"/> Closed Caption
<input type="checkbox"/> Spelling Accommodation	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Personal Care Assistant*	<input type="checkbox"/> Preferential Seating	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Textbooks in Alternate Format	<input type="checkbox"/> No Scan Tron	<input type="checkbox"/> Reader (In Class)	<input type="checkbox"/> Space for Wheelchair	<input type="checkbox"/> Low Vision Aids*
<input type="checkbox"/> _____	<input type="checkbox"/> Out of Class	<input type="checkbox"/> Support Animal*	<input type="checkbox"/> Special Seat	<input type="checkbox"/> Tape Recorder
	<input type="checkbox"/> Reader	<input type="checkbox"/> Visual Describer		<input type="checkbox"/> TTY/TDD
	<input type="checkbox"/> Writer	<input type="checkbox"/> Writer (In Class)		

***Not provided by the College**

Other: _____

How did you learn about our services?

<input type="checkbox"/> ADA Statement of Course Syllabus	<input type="checkbox"/> College Staff	<input type="checkbox"/> Parent
<input type="checkbox"/> Adult Rehabilitation Agency	<input type="checkbox"/> High School	<input type="checkbox"/> Self
<input type="checkbox"/> Another Student	<input type="checkbox"/> College Catalog/Course Schedule	<input type="checkbox"/> Website
<input type="checkbox"/> College Instructor	<input type="checkbox"/> Other _____	

In order to assure that accommodations are provided in a timely manner, appropriate documentation of disability should be submitted six weeks in advance of receiving the approved accommodations. Once documentation is received and approved, you will need to meet with an Accessibility Services staff member to discuss accommodations, procedures, and policies. Information regarding disability is kept in the Accessibility Services Coordinators Office and is not part of the student's permanent record.

STUDENT SIGNATURE: _____ DATE: _____