STUDENT CONTACT INFORMATION

Name: (Print)
____________________________________________________________

First        Middle Initial        Last

Address: _________________________________________ ID: _______________________
Street

______________________________________________ Date of Birth: _____/_____/
City                           State                      Zip

Phone Number (_____)___________________________ Veteran? Yes _____ No ______

Campus Email: _____________________________ Alternate Email: _____________

Preferred Method of Contact? Email / Phone

ACADEMIC INFORMATION

Student Status: Not yet admitted _____ Admitted _____ Returning _____ Transfer ______

Which semester would you like services to begin? Fall 20____ Spring 20____ Summer 20____

If you are requesting accommodations for placement testing, please complete the following:

Placement exam date: ________________

Placement testing services being requested: ________________________________________

DOCUMENTATION

In order to be determined eligible to receive accommodation services, students must submit documentation from a qualified professional that verifies that a condition exists that substantially limits a major life activity (i.e. walking, seeing, breathing, hearing, learning, communicating, etc.).

Check One:

_______ MY DOCUMENTATION IS ENCLOSED

_______ I HAVE PREVIOUSLY SUBMITTED DOCUMENTATION TO STUDENT SERVICES

_______ I WILL BE SUBMITTING DOCUMENTATION (Approximate date) ______________________

If you have questions regarding appropriate documentation, please contact
Annette Hackbarth-Onson, Dean of Students

Phone: 620-417-1106 or email annette.hackbarthons@sccc.edu
NEED FOR ACCESSIBILITY SERVICES PERSONAL STATEMENT

In your own words, please describe your disability and why you need the accommodation services you are requesting. You may use additional paper if necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Academic support services previously used:

__________________________________________________________________________

Where received? High School _____ College_____ Other_____

ACCESSIBILITY SERVICES BEING REQUESTED

I am requesting the following classroom and campus access services(s):

_____ Notetakers
_____ Audio or electronic textbooks (circle one)  _____ Sign Language Interpreter
_____ Enlarged course materials – Font size _____ Captioning
_____ Braille course materials  _____ Accessible furniture – describe:
_____ Other (specify)  _____ Accessible parking

__________________________________________________________________________

I am requesting the following testing and quiz access service(s):

_____ Extended time (time-and-a-half) and room with minimum distraction  _____ Scribe
_____ Enlarged Print (font size)  _____ Reader
_____ Access to screen reading software  _____ Braille
_____ Calculator  _____ CCTV
_____ Other (describe): __________________________________________

__________________________________________________________________________

I give permission for information regarding my Individualized Accommodation Plan to be shared with the following individuals. I understand that I can submit a written statement revoking or changing this authorization at any time.

_____ Appropriate faculty and college staff
_____ Parents or guardian
_____ Other (Name): ____________________________________________________________

Submission of this request does not imply you will receive services. In addition to this application, in order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973.

STUDENT SIGNATURE: _________________________________________ DATE: __________________

Please turn in completed and signed form to the Dean of Students, A149 Academic Success Center