

## Office of Disabilities Application for Services

Year Applying: \_\_\_\_\_ Semester Applying:  Fall  Spring  Summer I  Summer II

Campus:  Weatherford  Wise County

Student Status:  First time in college student  Transfer student  Attended before

### **Student Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

WC Email: \_\_\_\_\_@wcstudents.wc.edu Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F Student ID: \_\_\_\_\_

Address Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

### **Disability Information** (Check all that apply to you)

- |   |  |
|---|--|
| <input type="checkbox"/> Blind/Visual Impairment  | <input type="checkbox"/> Deaf/Hard of Hearing                            |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Speech Impairment                               |
| <input type="checkbox"/> Mental Health/Psychological/Psychiatric  | <input type="checkbox"/> Chronic/Medical Illness                         |
| <input type="checkbox"/> Mobility Impairment  | <input type="checkbox"/> Neurological/Neurodevelopment (Autism Spectrum) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) |  |
| <input type="checkbox"/> Other: <i>Please specify</i>   |  |

Please describe your disability and how it affects you in the classroom, as well as in your daily living activities:

Do you use assistive technology devices?  Yes  No If yes, please list the type of device and who supplied you with the device.

**Academic Information**

Type of High School:  Public  Private  GED  Other

Name of Graduating High School: \_\_\_\_\_

College degree plan you are seeking: *(Please choose one)*

Certificate  Associate of Applied Science (AAS)  Associate of Arts (AA)  Associate of Science (AS)

**Agency Information**

Do you receive services through any of the following: *(Check all that apply to you)*

- Veteran's Administration  Vocational Rehab through TWC  
 Division of Blind Services (DBS)  Other: *Please specify* \_\_\_\_\_

Provide the name of your counselor with any of the above: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**Assurances** *Please check each statement in agreement with the policies and procedures of the Office of Disabilities*

- This application and documentation of my disability must be submitted to the Office of Disabilities in order to process my Request for Accommodations.  
 Once received, the office will review the information and meet with me to discuss services for which I am eligible.  
 The information submitted to the Office of Disabilities is confidential.  
 The information submitted to the Office of Disabilities WILL NOT be placed in my academic records.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Office Use Only**

Date Received: \_\_\_\_\_ Staff Receiving: \_\_\_\_\_

Approved  Denied—*please explain*

## Reasonable Accommodation Request Form

You must request new accommodations for approval at the start of each semester.

DATE: _____ SEMESTER NEEDED: <i>*choose one*</i> <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer <input type="checkbox"/> mini	
CAMPUS: <input type="checkbox"/> Weatherford <input type="checkbox"/> Wise County	
Name (First Middle Last): _____	
Student ID: _____	Student Cell Phone: _____
Student Email Address: _____@wcstudents.wc.edu	
<p>Please check the box next to the accommodations you would like to <i>request</i> for your classes this semester.</p> <p><input type="checkbox"/> Preferential seating (<input type="checkbox"/> front <input type="checkbox"/> by door <input type="checkbox"/> back of room)</p> <p><input type="checkbox"/> Extra time for tests and quizzes (1.5x)</p> <p><input type="checkbox"/> Oral tests <i>*Student is responsible for arranging through Disability Services</i></p> <p><input type="checkbox"/> Test administered in Testing Center <i>*Student may use the large room without reservation</i></p> <p><input type="checkbox"/> Test administered in private room <i>*Student is responsible for arranging through Disability Services</i></p> <p><input type="checkbox"/> Use of assistive technology in class <i>*Type of technology to be used: _____</i></p> <p><input type="checkbox"/> Scribe for Tests <i>*Student is responsible for arranging through Disability Services</i></p> <p><input type="checkbox"/> Interpreter for Deaf or Hard of Hearing</p> <p><input type="checkbox"/> Wheelchair accommodations (classroom)</p> <p><input type="checkbox"/> Attendant accompanying student</p> <p><input type="checkbox"/> Other: <i>Please explain, but remember they must be reasonable to the documented disability</i></p>	
<p><b>ONLINE CLASSES:</b> Please list any online class (8 week and/or 16 week) below. Include the section number and the instructor's name. <i>Example: MUSI 1301-501/Instructor Name.</i> A copy of any approved accommodations will be emailed the first day of class to you and your instructor.</p> <p><b>IN PERSON CLASSES:</b> You must pick up a copy at the Office of Disabilities and give to your instructors for each class you have in person.</p>	
_____ Student Signature	_____ Date