

Disability Services Application



APPLICANT

Name _____ CCC&TI ID# _____

Date of Application _____ Email _____

Date of Birth _____ Phone Number(s) _____

Address _____

Referred to Disability Services by _____

EMPLOYMENT/CAREER

Are you currently working? Yes No If yes, how many hours per week _____

What are your career goals? _____

FAMILY/SOCIAL

How would you describe the support you receive from your family and friends? (check one)

Excellent

Good

Fair

Poor

DISABILITY

ADHD/ADD

Learning Disability

Traumatic Brain Injury

Autism Spectrum Disorder

Describe _____

Other

Orthopedic Impairment

Blind/Visual Impairment

Describe _____

Describe _____

Deaf/Hard of Hearing

Psychiatric Disability

Health Impairment

Describe _____

Describe _____

Speech Impairment

Describe your disability and how it affects your performance as a student.

EDUCATIONAL BACKGROUND

Did you graduate from high school? Yes No

Did you have an IEP or 504 Plan in high school? Yes No

List any accommodations you used in high school.

Have you ever attended another college or university? Yes No

CCC&TI INFORMATION

Start date at CCC&TI? _____

Program or Degree _____

ACADEMIC STRENGTHS AND WEAKNESSES

What type of classes do you prefer?

Traditional seated Online Hybrid (seated and online)

Describe your study habits.

Terrible Poor Average Good Very good Excellent

What are your best subjects? _____ Worst? _____

Check the areas below that are difficult for you.

- | | |
|------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Paying attention | <input type="checkbox"/> Math calculations |
| <input type="checkbox"/> Completing assignments | <input type="checkbox"/> Memorizing |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Putting thoughts into words | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Finishing tests on time | <input type="checkbox"/> Managing time |
| <input type="checkbox"/> Understanding what I read | <input type="checkbox"/> Motivation |

ACCOMMODATIONS REQUESTED

Approval of accommodations is a process based on documentation, interview with disability services, faculty input, and applicable laws.

STUDENT RESPONSIBILITIES

As a student with a disability at CCC&TI, I understand and accept the responsibilities below:

_____ following CCC&TI attendance policy, actively engaging, regular studying, and maintaining a positive attitude.

_____ achieving required standards in my program of study and in the classes I take with or without accommodations.

_____ learning about and following the college's policies and CCC&TI's Student Code of Conduct (if you need a printed copy, please let DS know).

_____ meeting with Disability Services early every semester to arrange accommodations.

Student Signature

Date

Legal Guardian

Date