

**Office of Disabilities Application for Services**Year Applying: \_\_\_\_\_ Semester Applying:  Fall  Spring  Summer I  Summer IICampus:  Weatherford  Wise County  Mineral Wells  GranburyStudent 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

**Remember you must request new accommodations 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 <input type="checkbox"/> Granbury <input type="checkbox"/> Mineral Wells	
Name (First Middle Last): _____	
Student ID: _____	Student Cell Phone: _____
Student Email Address: _____@wcstudents.wc.edu	
Please check the box next to the accommodations you would like to <i>request</i> for your classes this semester.  <i>**Requested accommodations will be reviewed and approved by the Office of Disabilities**</i>	
<input type="checkbox"/> Preferential seating ( <input type="checkbox"/> front <input type="checkbox"/> by door <input type="checkbox"/> back or room)	<input type="checkbox"/> Extra time for tests and quizzes (1.5x)
<input type="checkbox"/> Oral tests <i>*as requested*</i>	<input type="checkbox"/> Scribe for tests
<input type="checkbox"/> Wheelchair accommodations (classroom)	<input type="checkbox"/> Test administered in private room <i>*as requested*</i>
<input type="checkbox"/> Test administered in Testing Center	<input type="checkbox"/> <b>**Interpreter for Deaf or Hard of Hearing</b>
<input type="checkbox"/> Attendant accompanying student	<input type="checkbox"/> Use of assistive technology in class
<input type="checkbox"/> Other: <i>Please explain, but remember they must be reasonable to the documented disability</i>	
<i>**additional paperwork required</i>	
If you are enrolled in online classes (a class that <u>never</u> meets on campus) you may enter the name of the course and the instructor's name below and we will email a copy of your accommodations directly to your instructor. This is <b><u>only done for online classes</u></b> , and it is your responsibility to confirm that the instructor has received this email and has arranged your reasonable accommodations.  <i>Please list online Course/Section/Instructor: Example—GEOL 1404/I02/Smith</i>	
_____	

**Accommodations must be picked up at the Office of Disabilities by the student and delivered to the instructor each semester.** Reasonable accommodations are effective upon receipt by your instructor, and are not retroactive. This form must be turned in at the beginning of each semester.

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

\_\_\_\_\_  
Date