

Checklist for Receiving Accommodations as a Dual Credit Student at Weatherford College

All forms are available from your high school counselor, on our website, or by request.

Email accommodations@wc.edu to request a form

- Complete the Dual Credit Application for Services**
- Complete the Dual Credit Reasonable Accommodation Request Form.**
- Attach your current FIE or 504 paperwork, including the disability for which you receive accommodations.**
- Scan and return all paperwork to accommodations@wc.edu.**

It is best to have paperwork submitted before the class starts, so the approved accommodations can be sent on the first day of college classes.

Paperwork will be reviewed to determine appropriate accommodations for the course(s) in which you are enrolled

The approved accommodations will be shared via Weatherford College email with your instructors, and you will be copied on the email. It is important that you check your college email to see the approved accommodations.

You **MUST** renew your accommodations **EACH** semester by completing only the Reasonable Accommodation Request Form. You can send it directly to accommodations@wc.edu once you enroll in your courses. As your courses change, you may change your accommodations.

If you have any questions, please do not hesitate to contact our office at 817-598-6308 or 817-598-8923.

Jolonda Sillemon
Interim Coordinator, Office of Disabilities

Karmann Goff
Disability Specialist

Application for Dual Credit Services

Year Applying: _____ Fall Spring High School: _____ Counselor: _____

Student Information

First Name: _____ MI: _____ Last: _____

WC Email: _____@wcstudents.wc.edu Personal Email: _____

Date of Birth: _____ Gender: M F WC 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 how your disability affects your academic life or major life functions:

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

- The information submitted to the Office of Disabilities is confidential.
- The information submitted the Office of Disabilities WILL NOT be placed in my academic records.

Student Signature_____
Date

WC has procedures in place to ensure that no student with a disability is denied the benefits of or are excluded from participation in, or otherwise subjected to discrimination because of the absence of educational auxiliary aids for students with sensory, manual, or speaking skills.

Reasonable Accommodation Request Form—Dual Credit

Remember you must request new accommodations at the start of each semester.

Our office will create your accommodation forms within three business days of receipt of this form.

DATE: _____	SEMESTER ACCOMMODATIONS NEEDED: _____
HIGH SCHOOL: _____	Counselor's email: _____
Name (First, Last): _____	
Student ID: _____	
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 of room)	<input type="checkbox"/> Extra Time for Tests (1.5x)
<input type="checkbox"/> Oral Tests	<input type="checkbox"/> Scribe for Tests
<input type="checkbox"/> Test Administered in Private Room	<input type="checkbox"/> Use of assistive technology in class
<input type="checkbox"/> Other: <i>Please explain, but remember they must be considered reasonable under ADA guidelines for the documented disability.</i>	
<u>DUAL CREDIT COURSES:</u> Accommodations will be emailed to the WC student email and each instructor. Student is responsible for making sure the document is received. Reasonable accommodations are effective upon receipt and are not retroactive. This form must be turned in at the beginning of each semester.	
_____ Student Signature	_____ Date

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