



225 College Park Drive | Weatherford, TX 76086 | 817-598-6308 | accommodations@wc.edu

Office of Disabilities Application for Services

Year Applying: _____ Current Semester: 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)*

- Blind/Visual Impairment
- Deaf/Hard of Hearing
- Learning Disability
- Speech Impairment
- Mental Health/Psychological/Psychiatric
- Chronic/Medical Illness
- Mobility Impairment
- Neurological/Neurodevelopment (Autism Spectrum)
- Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)
- Other: *Please specify*

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*

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

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

DATE: _____ Current Semester: <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	
Please check the box next to the accommodations you would like to <i>request</i> for your classes this semester.	
<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 and quizzes (1.5x)	
<input type="checkbox"/> Oral tests <i>*Student is responsible for arranging through Disability Services</i>	
<input type="checkbox"/> Test administered in Testing Center <i>*Student may use the large room without reservation</i>	
<input type="checkbox"/> Test administered in private room <i>*Student is responsible for arranging through Testing Center</i>	
<input type="checkbox"/> Use of assistive technology in class <i>*Type of technology to be used:</i> _____	
<input type="checkbox"/> Scribe for Tests <i>*Student is responsible for arranging through Disability Services</i>	
<input type="checkbox"/> Interpreter for Deaf or Hard of Hearing	
<input type="checkbox"/> Wheelchair accommodations (classroom)	
<input type="checkbox"/> Attendant accompanying student	
<input type="checkbox"/> Other: <i>Please explain, but remember they must be reasonable to the documented disability</i>	
ONLINE CLASSES: Please list any online class (8 week and/or 16 week) below. Include the section number and the instructor's name. <i>Example:</i> MUSI 1301-501/Instructor Name. A copy of any approved accommodations will be emailed the first day of class to you and your instructor.	
IN PERSON CLASSES: You must pick up a copy at the Office of Disabilities and give to your instructors for each class you have in person.	
_____ Student Signature	_____ Date