

Office of Disabilities Application for ServicesYear Applying: _____ Current Semester: Fall Spring Summer I Summer IICampus: Weatherford Wise CountyStudent 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: _____ Current Semester: **choose one** fall spring summer mini

CAMPUS: Weatherford 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 *request* for your classes this semester.

- Preferential seating (front by door back of room)
- Extra time for tests and quizzes (1.5x)
- Oral tests **Student is responsible for arranging through Disability Services**
- Test administered in Testing Center **Student may use the large room without reservation**
- Test administered in private room **Student is responsible for arranging through Disability Services**
- Use of assistive technology in class **Type of technology to be used: _____**
- Scribe for Tests **Student is responsible for arranging through Disability Services**
- Interpreter for Deaf or Hard of Hearing
- Wheelchair accommodations (classroom)
- Attendant accompanying student
- Other: *Please explain, but remember they must be reasonable to the documented disability*

ONLINE CLASSES: Please list any online class (8 week and/or 16 week) below. Include the section number and the instructor's name. *Example: 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