



**STUDENT ACCESSIBILITY SERVICES
REQUEST FORM**

STUDENT CONTACT INFORMATION

Name: (Print) _____
First Middle Initial Last

Address: _____ ID: _____
Street

_____ Date of Birth: ____/____/____
City State Zip

Phone Number (_____) _____ Veteran? Yes ____ No ____

Campus Email: _____ Alternate Email: _____

Preferred Method of Contact? Email / Phone

ACADEMIC INFORMATION

Student Status: Not yet admitted _____ Admitted _____ Returning _____ Transfer _____

Which semester would you like services to begin? Fall 20 ____ Spring 20 ____ Summer 20 ____

If you are requesting accommodations for placement testing, please complete the following:

Placement exam date: _____

Placement testing services being requested: _____

DOCUMENTATION

In order to be determined eligible to receive accommodation services, students must submit documentation from a qualified professional that verifies that a condition exists that substantially limits a major life activity (i.e. walking, seeing, breathing, hearing, learning, communicating, etc.).

Check One:

_____ MY DOCUMENTATION IS ENCLOSED

_____ I HAVE PREVIOUSLY SUBMITTED DOCUMENTATION TO STUDENT SERVICES

_____ I WILL BE SUBMITTING DOCUMENTATION (Approximate date) _____

If you have questions regarding appropriate documentation, please contact
Annette Hackbarth-Onson, Dean of Students

Phone: 620-417-1106 or email annette.hackbarthons@sccc.edu

NEED FOR ACCESSIBILITY SERVICES PERSONAL STATEMENT

In your own words, please describe your disability and why you need the accommodation services you are requesting. You may use additional paper if necessary.

Academic support services previously used: _____

Where received? High School _____ College _____ Other _____

ACCESSIBILITY SERVICES BEING REQUESTED

I am requesting the following classroom and campus access services(s):

- | | |
|--|---|
| <input type="checkbox"/> Notetakers | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Audio or electronic textbooks (circle one) | <input type="checkbox"/> Captioning |
| <input type="checkbox"/> Enlarged course materials – Font size _____ | <input type="checkbox"/> Accessible furniture – describe: _____ |
| <input type="checkbox"/> Braille course materials | <input type="checkbox"/> Accessible parking |
| <input type="checkbox"/> Other (specify) _____ | |
-

I am requesting the following testing and quiz access service(s):

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Extended time (time-and-a-half) and room with minimum distraction | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Enlarged Print (font size) | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Access to screen reading software | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> CCTV |
| <input type="checkbox"/> Other (describe): _____ | |
-

I give permission for information regarding my Individualized Accommodation Plan to be shared with the following individuals. I understand that I can submit a written statement revoking or changing this authorization at any time.

Appropriate faculty and college staff

Parents or guardian

Other (Name): _____

Submission of this request does not imply you will receive services. In addition to this application, in order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973.

STUDENT SIGNATURE: _____ **DATE:** _____

Please turn in completed and signed form to the Dean of Students, A149 Academic Success Center