

DAVIDSON COUNTY COMMUNITY COLLEGE REQUEST FOR DISABILITY SERVICES

Federal Law prohibits Disability Services from making pre-admission inquiries about disabilities. The Disability Services Office has been designated on campus to assist students with disabilities. In order to provide this assistance, it is necessary for students with disabilities to identify themselves in a timely manner. Please remember that any information you provide is strictly voluntary and will be kept confidential.

In order to facilitate your learning experience at Davidson County Community College, we ask for you to complete the following information and return this form **along with proper disability documentation** to the Disability Services Office.

Name: _____ **ID#:** _____
(Last Name, First Name, Middle Initial)

Address: _____
(Street/P.O. Box, City, State Zip Code)

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Date of Birth:** _____

E-Mail Address: _____ **Program of Study:** _____

Have you requested Disability Services in the past?

- Yes** If so, when? _____
where? _____
- No**

Please answer by checking the appropriate response:

Do you have a disability that substantially limits one or more major life activities?

- Yes**
- No**

What is the nature of the disability? (Check all that apply)

Physical	Psychiatric
Deaf/Hard of Hearing	Learning Disability
Blind/Low Vision	ADD/ADHD
Speech/Language	Other:
Traumatic Brain Injury	
Mobility	

What major life activity is involved? (Check all that apply)

Cognitive ability	Talking/Speech
Reading	Walking
Writing	Physical activities
Math	Other:

(Please Complete Reverse Side)

➤ How does this **disability affect** you in an **educational** setting?

➤ What **accommodations** have you used in the past?

➤ Do you have experience talking to your instructor(s) about your accommodations?

- Yes**
- No**

Please read and sign below:

- It is the student’s responsibility to make a disability known and to provide proper documentation from an appropriate professional describing a diagnosis, limitations, and recommended academic accommodations.
- It is the student’s responsibility to request services in advance ***each*** semester.
- It is the student’s responsibility to keep instructors and Disability Services informed of implementation and effectiveness of an academic accommodation(s).
- The student understands that academic accommodations aids are not automatically granted.
- Students registered with Disability Services must adhere to student behavior guidelines outlined in the Davidson County Community College Student Handbook.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my Request for Disability Services. My failure to follow these guidelines may result in a delay or interruption of services.

Student’s Signature

Date

Parent/Guardian Signature for minors (under age of 18)

Date

Please return this completed form along with supportive documentation to:

Office of Disability Services
Brooks Student Center
Davidson County Community College
PO Box 1287
Lexington, NC 27293
Office (336) 249-8186 ext. 6342
Fax (336) 249-0379

Davidson County Community College is committed to equality of educational opportunity and does not discriminate against applicants, students, or employers based on race, color, national origin, religion, sex, or disability.

