Bladen Community College

Office of Disability Services

DISABILITY SERVICES APPLICATION

MINOR STUDENT / PARENT-LEGAL GUARDIAN PARTICIPATION VERSION

Complete this application to request disability-related accommodations at Bladen Community College. Provide information relevant to the request. Disability Services may request additional documentation when necessary to determine reasonable accommodations.

STUDENT INFORMATION

Student Full Name: _____	BCC ID: _____
Date of Application: _____	Date of Birth: _____
Preferred Email: _____	Phone: _____
Program / Major: _____	Anticipated Completion: _____
Address: _____	

MINOR STUDENT — PARENT / LEGAL GUARDIAN INFORMATION

IMPORTANT: Complete this section when the student is under 18. Parent/legal guardian participation and communication will be handled consistent with applicable law, FERPA, and College policy. This section documents parent/legal guardian involvement and any authorization needed for communication; it does not state that a parent signature is automatically required solely because the student is a minor.

Parent / Legal Guardian Full Name: _____	Relationship: _____
Phone: _____	Email: _____
Address (if different): _____	
Preferred Contact Method: _____	Legal Authority / Documentation, if applicable: _____

Parent/legal guardian status: ☐ Parent ☐ Legal guardian ☐ Other legally authorized representative: _____

PRIVACY & STUDENT RIGHTS

Information provided to Disability Services is maintained as part of the student's education record and handled in accordance with applicable privacy requirements and College policy. Students should provide information relevant to their request for disability-related accommodations. For postsecondary students, FERPA rights generally transfer to the student upon attendance at a postsecondary institution, regardless of age. A parent/legal guardian may participate or receive information when authorized by the student or when an applicable legal exception permits disclosure.

HOW DID YOU LEARN ABOUT DISABILITY SERVICES?

☐ Advisor / Faculty / Staff ☐ Self-referral ☐ Previous institution ☐ Parent / Legal Guardian ☐ Other: _____

CURRENT ENROLLMENT

☐ Currently enrolled ☐ Planning to enroll ☐ Returning student ☐ Dual-enrolled / High-school student / Early-college student

STUDENT ACCESS & ACCOMMODATION NEEDS

What barriers are you currently experiencing in courses, testing, communication, campus activities, or other college-related activities?

DISABILITY / CONDITION

Do you have a disability, health condition, or other condition for which you are requesting accommodations?

☐ Yes ☐ No ☐ Unsure / would like to discuss

If you wish to identify the disability/condition, please describe it below:

DOCUMENTATION

Supporting documentation may include information from a qualified professional or other reliable source that helps establish the condition and relevant functional limitations.

☐ Attached ☐ Will be provided ☐ Previously submitted ☐ I need assistance determining what documentation is appropriate

FUNCTIONAL IMPACT & ACCESS NEEDS

Check areas that may be affected by your disability or condition. This is intended to help describe access needs, not to serve as a diagnostic checklist.

☐ Attention / concentration
☐ Reading
☐ Writing
☐ Mathematics / calculations
☐ Vision
☐ Organization / executive functioning
☐ Time management
☐ Communication
☐ Attendance / participation
☐ Other: _____
☐ Mobility / physical access
☐ Fatigue / energy
☐ Testing
☐ Memory

Please explain how the disability/condition affects the student's ability to access, participate in, or complete college coursework, testing, communication, campus activities, or other college programs/services:

PARENT / LEGAL GUARDIAN INPUT — MINOR STUDENT

Parent/legal guardian may provide additional information regarding the student's functional impact, history of supports, and access needs. This information will be considered as part of the individualized review.

Additional information the parent/legal guardian believes Disability Services should consider:

PREVIOUS EDUCATIONAL SUPPORT

Have you previously received an IEP, Section 504 Plan, disability-related accommodations, or other educational supports?

☐ Yes ☐ No ☐ Unsure

Where did you receive these supports? ☐ High school ☐ College / University ☐ Workplace ☐ Other: _____

Please list accommodations/supports you have previously used:

Which previous accommodations or supports were helpful? Which were not helpful?

CURRENT ACCOMMODATION REQUEST

Please identify the accommodations you are requesting. Final accommodations are determined through an individualized review.

- ☐ Extended time for tests/quizzes
- ☐ Accessible materials
- ☐ Alternative-format materials
- ☐ Priority seating
- ☐ Reduced-distraction testing
- ☐ Note-taking support
- ☐ Communication access
- ☐ Other: _____
- ☐ Testing breaks
- ☐ Assistive technology
- ☐ Attendance consideration*

Why are you requesting these accommodations, and how would they address the student's access needs?

**Attendance and flexibility accommodations are individualized and may be subject to essential course/program requirements.*

PARENT / LEGAL GUARDIAN INPUT ON REQUESTED ACCOMMODATIONS

The parent/legal guardian may provide input regarding requested accommodations. Disability Services makes the final determination of reasonable accommodations through an individualized review.

Parent/legal guardian comments, concerns, or additional information:

STUDENT & PARENT / LEGAL GUARDIAN ACKNOWLEDGMENT

The student and parent/legal guardian acknowledge the following:

• Information provided in this application is accurate to the best of our knowledge.

• Disability Services determines reasonable accommodations through an individualized, interactive process based on information provided, supporting documentation when appropriate, College policies, and applicable law.

• Accommodations provide equal access and do not guarantee academic success or alter essential academic/program requirements.

• The student is expected to participate in the accommodation process to the extent appropriate and to communicate with Disability Services about accommodation needs and changes.

• The parent/legal guardian may provide information and participate in the disability-services process consistent with applicable law, FERPA, and College policy.

• Disability-related information and education records are handled in accordance with applicable privacy requirements, FERPA, and College policy.

• Signing this form does not by itself authorize disclosure of education records beyond what is permitted by law or College policy. When written authorization is required for disclosure to a parent/legal guardian, the College may require a separate or additional FERPA authorization.

PARENT / LEGAL GUARDIAN PARTICIPATION & COMMUNICATION

For a minor student, indicate the requested level of parent/legal guardian involvement. This section documents participation and communication preferences; Disability Services will follow applicable law and College policy regarding access to education records.

- ☐ Parent/legal guardian may participate in meetings and provide information regarding this request.
- ☐ Parent/legal guardian may be contacted regarding this disability-services request, to the extent permitted by applicable law and College policy.
- ☐ Parent/legal guardian is requesting participation; Disability Services will determine the documentation/authorization needed for communication or disclosure of education records.
- ☐ Other: _____

SIGNATURES

Student Signature: _____	Date: _____
Parent / Legal Guardian Signature: _____	Date: _____
Printed Name: _____	Relationship: _____

If signing as legal guardian/authorized representative, documentation of authority may be requested when appropriate.

FOR DISABILITY SERVICES USE ONLY

Date Received _____	Initial Meeting _____	Coordinator _____

Documentation Status

☐ Complete	☐ Additional documentation requested	☐ Pending

Review Status

☐ Approved	☐ Pending	☐ More information needed

Accommodation Notification Date

Notification Date _____	Faculty/Staff Notification _____	Follow-Up _____

Coordinator Notes

Confidential student record. Store and share only in accordance with BCC policy, FERPA, and applicable privacy requirements.