Bladen Community College

Office of Disability Services

DISABILITY SERVICES APPLICATION

Complete this application to request disability-related accommodations at Bladen Community College. Provide information relevant to your 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 _____
Phone _____	Preferred Email _____
Preferred Contact Method _____	Address _____
Program / Major _____	Anticipated Completion _____

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.

HOW DID YOU LEARN ABOUT DISABILITY SERVICES?

☐ Advisor/Faculty/Staff	☐ Self-referral	☐ Previous institution	☐ Other

CURRENT ENROLLMENT

☐ Currently enrolled	☐ Planning to enroll	☐ Returning 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	☐Organization / executive functioning	☐Mobility / physical access
☐Reading	☐Time management	☐Fatigue / energy
☐Writing	☐Communication	☐Testing
☐Mathematics / calculations	☐Hearing	☐Attendance / participation
☐Memory	☐Vision	☐Other

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

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	☐Reduced-distraction testing
☐Testing breaks	☐Accessible materials
☐Note-taking support	☐Assistive technology
☐Alternative-format materials	☐Communication access
☐Attendance consideration*	☐Priority seating
☐Other	

Why are you requesting these accommodations, and how would they address your access needs?

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

STUDENT ACKNOWLEDGMENT & RESPONSIBILITIES

I understand that Disability Services determines reasonable accommodations through an individualized, interactive process based on information provided by the student, 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.
- I am responsible for communicating with Disability Services about my accommodation needs and changes in those needs.
- I am responsible for meeting academic, attendance, and conduct requirements, subject to approved accommodations.
- I should communicate with Disability Services as early as possible when accommodations are needed.
- Accommodation information is handled in accordance with applicable privacy requirements and college policy.

STUDENT CONFIRMATION

By signing below, I confirm that the information I have provided is accurate to the best of my knowledge and that I am requesting disability-related accommodations through Bladen Community College Disability Services.

Student Signature	Date
_____	_____

Authorized Representative (if applicable)	Date
_____	_____

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 and applicable privacy requirements.