Bladen Community College
Student Centered • Future Focused

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# DISABILITY SERVICES APPLICATION

**Disability Services Coordinator: Hayley Baxley**

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 Name: _____ BCC ID: _____

Date of Application: _____ Email: _____

Date of Birth: _____ Phone Number: _____

Semester Starting? ☐ Fall ☐ Spring ☐ Summer Program/Degree: _____

Referred by: _____

## EMPLOYMENT/CAREER

Are you currently working? ☐ Yes ☐ No

If yes, how many hours per week: _____

What are your career goals? _____

## FAMILY/SOCIAL

How would you describe the support you receive from your family and friends? (check one)

☐ Excellent ☐ Good ☐ Fair ☐ Poor

## DISABILITIES

☐ ADHD/ADD ☐ Autism Spectrum Disorder ☐ Blind/Visual Impairment

☐ Deaf/Hard of Hearing ☐ Learning Disability ☐ Orthopedic Impairment

☐Other Health Impairment ☐ Psychiatric Disability ☐ Speech Impairment

☐ Other: _____

Describe your disability in detail and how it affects your performance as a student.

_____

_____

_____

## EDUCATIONAL BACKGROUND

Did you graduate from high school? ☐Yes ☐ No

Have you ever attended another college or university? ☐Yes ☐No

Did you have an IEP or 504 Plan in high school? ☐Yes ☐No

List any accommodations you used in high school.

_____

_____

## ACADEMIC STRENGTHS AND CHALLENGES

What type of classes do you prefer? ☐Traditional (seated) ☐Online ☐Hybrid (seated and online)

Describe your study habits. ☐Terrible ☐ Poor ☐ Average ☐ Good ☐ Very good ☐ Excellent

What are your best subjects? _____ Worst? _____

Check the areas below that are difficult for you.

☐ Attention/concentration ☐ Attendance/participating ☐ Communication ☐ Completing assignments

☐ Taking Notes ☐ Putting thoughts into words ☐ Memorizing ☐ Time management

☐ Math Calculations ☐ Spelling ☐ Reading ☐ Writing

☐ Motivation ☐ Organization ☐ Finishing assignments/tests on time

☐ Understanding what I read ☐ Other: _____

## ACCOMMODATIONS REQUESTED

Approval of accommodations is a process based on documentation, an interactive interview with your counselor, faculty input, and applicable laws.

☐ Extended time for tests/quizzes ☐ Reduced-distraction testing ☐ Testing Breaks

☐ Accessible materials ☐ Note-taking support ☐ Assistive technology

☐ Noise cancelling headphones ☐ Priority Seating

☐ Other:

_____

Please explain accommodation requests below:

_____

_____

_____

## DOCUMENTATION

Supporting documentation may include information from a qualified professional or another reliable source that helps establish the disability/condition and relevant functional limitations. An IEP or Section 504 plan may help identify previously effective supports; additional or current documentation may be requested when appropriate.

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

☐ I need a doctor's documentation form for my doctor to complete

## 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. I understand and accept the responsibilities below:

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

_____ I am responsible for communicating with Disability Services about my accommodation needs and changes in those needs.

_____ Achieving required standards in my program of study and in the classes I take with or without accommodations.

_____ I am responsible for meeting academic, attendance, and conduct requirements, subject to approved accommodations.

_____ Meeting with Disability Services early every semester prior to classes starting to arrange accommodations.

Student Signature: _____ Date: _____

Legal Guardian (if applicable): _____ Date: _____

## FOR DISABILITY SERVICES OFFICE USE ONLY

| | | |
|---|---|---|
| Date Received: _____ | Initial Meeting: _____ | Coordinator: _____ |
| ☐ Complete | ☐ Additional documentation requested<br>Date: _____ | ☐ Pending<br>Reason: _____ |
| ☐ Approved | ☐ Pending | ☐ More information needed |
| Notification Date: _____ | Faculty/Staff Notified: _____ | Follow-Up Date: _____ |
| Coordinator Notes: _____ _____ _____ | | |