Bladen Community College

Office of Disability Services

ANNUAL DISABILITY SERVICES RENEWAL / CONTINUATION FORM

MINOR STUDENT

Use this abbreviated form for a student with an existing Disability Services record who is requesting continuation of previously approved accommodations for the upcoming academic year. A full application and/or updated documentation may be requested when circumstances or access needs change.

STUDENT INFORMATION & ANNUAL REVIEW

Student Full Name: _____	BCC ID: _____
Date of Birth: _____	Academic Year: _____
Program / Major: _____	Expected Completion: _____
Preferred Email: _____	Phone: _____

CURRENT DISABILITY SERVICES STATUS

I currently have an active Disability Services record and am requesting continuation of accommodations for the upcoming academic year.

☐ Yes ☐ No / I need to discuss a change

Have there been any changes to your disability/condition, functional limitations, or access needs since your last Disability Services review?

☐ No changes ☐ Yes — please describe below ☐ Unsure / would like to discuss

_____

_____

PREVIOUSLY APPROVED ACCOMMODATIONS

Please check the accommodations you are requesting to continue. Final accommodations remain subject to individualized review and current College requirements.

☐ 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: _____

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

ACCOMMODATION CHANGES REQUESTED

☐ Same accommodations with no changes.

☐ Requesting changes — describe the change and reason below.

☐ Need assistance determining whether current accommodations remain appropriate.

_____

_____

_____

PARENT / LEGAL GUARDIAN INFORMATION & ANNUAL PARTICIPATION

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

Parent / Legal Guardian: _____	Relationship: _____
Phone: _____	Email: _____

Parent/legal guardian participation for this annual review:

☐ May participate in this renewal/review and provide information.
☐ May be contacted regarding this renewal/review to the extent permitted by applicable law and College policy.
☐ Participation/communication requires review of authorization or legal documentation.
☐ Other: _____

Parent/legal guardian comments or information about changes in access needs:

ACKNOWLEDGMENT & SIGNATURES

I confirm that the information above is accurate to the best of my knowledge. I understand that Disability Services reviews accommodations individually and may request updated information or documentation when necessary. Accommodations provide equal access but do not guarantee academic success or alter essential academic/program requirements. I will communicate with Disability Services if my needs change.

Student Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

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

Parent/legal guardian signature acknowledges participation/involvement in this annual review and does not by itself authorize disclosure of education records beyond what is permitted by law or College policy.

FOR DISABILITY SERVICES USE ONLY

Date Received: _____	Coordinator: _____	Academic Year: _____
☐ Continue accommodations ☐ Review needed ☐ Updated documentation requested	Effective Date: _____	Follow-up: _____
Student notified: ☐ Yes ☐ No	Faculty/staff notification: ☐ Yes ☐ No	Faculty/Staff Notification: _____

Coordinator Notes: