

Application

for the Office of Disabilities Services

Name: _____ SS# _____

Other Name: _____ DOB: _____

Address : _____ Home #: _____

_____ Work #: _____

Email: _____

How did you learn of our services? _____

Campus(es) you expect to attend:

- Neosho
- Webb City
- Nevada
- Cassville
- Noel

When will ODS office services need to start?

- Fall
- Spring Year: _____
- Summer

How are you paying for college?

- Self/Parents
- Division of Vocational Rehabilitation
- Rehabilitation services for the Blind

- Financial Aid
- Scholarship
- Other: _____

Check all that apply:

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Chemical Dependence | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Speech |
| <input type="checkbox"/> AD/HD | <input type="checkbox"/> Deaf | <input type="checkbox"/> Health | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Vision/Blind |
| <input type="checkbox"/> BIF | <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Psychiatric Disability | <input type="checkbox"/> Vision/Partial Sight |
| | <input type="checkbox"/> Developmental Disability _____ | | | |
- Other: _____

Check those you will need in an educational setting:

(Accommodations are approved based on supporting documentation)

Instructional	Testing	Support Persons	Environment	Equipment
<input type="checkbox"/> Braille	<input type="checkbox"/> Alternative Format	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Accessible Site	<input type="checkbox"/> Adaptive Technology
<input type="checkbox"/> Absence Allowance	<input type="checkbox"/> Calculator	<input type="checkbox"/> Lab Assistant	<input type="checkbox"/> Adjustable Table	<input type="checkbox"/> Amplified Phone
<input type="checkbox"/> Large Print	<input type="checkbox"/> Distraction Reduced	<input type="checkbox"/> Note taker	<input type="checkbox"/> Close Parking	<input type="checkbox"/> Calculator
<input type="checkbox"/> Spelling Accommodation	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Personal Care Assistant *	<input type="checkbox"/> Preferential Seating	<input type="checkbox"/> Captioning
<input type="checkbox"/> Text in Alternate Format	<input type="checkbox"/> No Scan-Tron	<input type="checkbox"/> Reader	<input type="checkbox"/> Space for Wheelchair	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Recording Allowance	<input type="checkbox"/> Out of Class	<input type="checkbox"/> Support Animal *	<input type="checkbox"/> Special Seat	<input type="checkbox"/> Low Vision Aids *
<input type="checkbox"/> Books on Tape/CD	<input type="checkbox"/> Reader	<input type="checkbox"/> Writer		<input type="checkbox"/> Spelling Checker
	<input type="checkbox"/> Writer	<input type="checkbox"/> Visual Describer		<input type="checkbox"/> Tape Recorder
				<input type="checkbox"/> TTY/TDD

* Not provided by the College

Other: _____

I understand that before an accommodations plan will be formulated or implemented, I must provide diagnostic documentation of my impairment(s). This diagnosis should have occurred within the last three years, and I must have been at least 17 yrs old at the time of diagnosis. I also understand that Crowder College may choose to provide alternate accommodations to those I prefer or that have been recommended as long as the alternate accommodations are equally effective or better.

Student Signature: _____ Date: _____