

**Volunteer State Community College
The Office of Disability Services
Disclosure (Intake) Form**

Date: ____ / ____ / ____ **Student ID#** V _____

Name: _____

Home Phone: (____) _____ **Cell** _____ **Date of Birth:** ____ / ____ / ____

SS # _____ -- _____ -- _____ **E-Mail** _____

Address: _____

City _____ **State** _____ **Zip** _____

Check that all apply:

___ Learning Disability

___ Visually Impaired

___ Psychologically Impaired

___ Other _____

___ ADD/ADHD

___ Hearing Impaired

___ Chronic Health

List Current Medications:

Are you a Vocational Rehabilitation Client? **Yes/ No**

Do you receive or have applied for Financial Aid? **Yes/ No**

Are you a Veteran? **Yes/ No**

Disclosure

It is the student's responsibility to voluntarily and confidentially disclose information and provide documentation to the Office of Disability Services (ODS) regarding the nature and extent of the qualifying disability. _____ **(initial)**

Advocacy

I do hereby give my permission for the ODS to act as an advocate on my behalf with my instructors, vocational rehabilitation counselor, and other significant VSCC Staff members. I understand that it is my responsibility to meet with each of my instructors to discuss approved accommodations. _____ **(initial)**

Parental and Significant Other Consent *(if applicable)*

I give my permission for the staff in the ODS to speak with my parents/significant others, without my presence, concerning my activities at VSCC **when deemed necessary and in my best interest as determined by the ODS staff.** In all other cases, I understand ODS staff will talk with my parents/significant others only in my presence. **Yes/ No** ____ **(initial)**

Signature _____ **DATE** ____ / ____ / ____

Please check all that apply

Accommodations:

- | | |
|---|---|
| <input type="checkbox"/> Extra Time on Tests | <input type="checkbox"/> Allow breaks such as Standing |
| <input type="checkbox"/> Oral Testing | <input type="checkbox"/> Allow Food & Drink (<i>except in labs</i>) |
| <input type="checkbox"/> Non distractible Environment | <input type="checkbox"/> Special Chair/Desk/ Seating |
| | <input type="checkbox"/> Mentoring/Counseling |

Auxiliary Aids:

- | | |
|---|---|
| <input type="checkbox"/> Notetaker | <input type="checkbox"/> Braille Printed Material |
| <input type="checkbox"/> Instructor's Notes (<i>if available</i>) | <input type="checkbox"/> Enlarged text material |
| <input type="checkbox"/> Books on CD/MP3 | <input type="checkbox"/> Calculator/Spell checker |
| <input type="checkbox"/> Adaptive computer training | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Interpreter/Sign language | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tape Recorder | _____ |

=====Official Use Only=====

Documentation verified _____ Date _____	Significant limitations _____
ACTIVE _____	_____
11d 2v 3h 4m 5p 6ch 7ADHD _____	_____
VR _____	_____
Does not Qualify _____ Explanation _____	Documentation out of Date _____
Needs more Documentation _____	Referred for Psy. Testing _____

Approved Accommodations:

- | | |
|---|---|
| <input type="checkbox"/> Modification of Test Time | <input type="checkbox"/> Allow breaks such as Standing |
| <input type="checkbox"/> Extra Time on Tests | <input type="checkbox"/> Allow Food & Drink (<i>except in labs</i>) |
| <input type="checkbox"/> Time and a Half | <input type="checkbox"/> Special Chair/Desk/Seating |
| <input type="checkbox"/> Oral Testing | <input type="checkbox"/> TPD WAIVER TCA49-7113 |
| <input type="checkbox"/> Test Proctoring | <input type="checkbox"/> Counseling/Mentoring |
| <input type="checkbox"/> Non distractible Environment | |
| <input type="checkbox"/> Other | |

Approved Auxiliary Aids:

- | | |
|---|---|
| <input type="checkbox"/> Tape Recorder | <input type="checkbox"/> Braille Printed Material |
| <input type="checkbox"/> Notetaker | <input type="checkbox"/> Enlarged text material |
| <input type="checkbox"/> Instructor's Notes (<i>if available</i>) | <input type="checkbox"/> Calculator/spell checker |
| <input type="checkbox"/> Books on CD/MP3 | <input type="checkbox"/> Adaptive computer training |
| <input type="checkbox"/> Interpreter/Sign language | <input type="checkbox"/> Tutoring |

Notes: