

DISABILITY SERVICES



REQUEST FOR SERVICES

Name _____ Student ID _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Check if you have requested services from:

- DVR (Dept. of Voc. Rehab.) L&I (Labor & Industries) Services for the Blind

Name of Counselor or contact person _____

A. Please identify your disability (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> <u>Deaf/Hard of Hearing</u> | <input type="checkbox"/> <u>Blind/Visual Impairment</u> | <input type="checkbox"/> <u>Psychological</u> (Autism, Mental Health Disorders, Eating Disorders) |
| <input type="checkbox"/> <u>Mobility</u> (Limited ROM) | <input type="checkbox"/> <u>Chronic Health</u> (Cancer, Orthopedic Conditions, Organ & Immune Disorders) | <input type="checkbox"/> <u>Unsure</u> |
| <input type="checkbox"/> <u>Speech/language</u> (Articulation Disorder) | <input type="checkbox"/> <u>Neurological</u> (Seizures, Head Injury, Developmental Disability) | <input type="checkbox"/> <u>Other</u> (please specify)

_____ |
| <input type="checkbox"/> <u>LD/ADHD/ADD</u> (Specific Learning Disability, Attention Deficit, Processing Disorder) | | |

B. Please identify the accommodations you are requesting:

- | | |
|---|--|
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> CCTV |
| <input type="checkbox"/> FM System | <input type="checkbox"/> Large print (Size/Font) _____ |
| <input type="checkbox"/> Ergonomic Equipment (Chair, Keyboard) | <input type="checkbox"/> Testing (Time + 1/2, Reduced distraction space) |
| <input type="checkbox"/> Reader/Scribe | <input type="checkbox"/> Assistive Technology (Please specify) (Dragon Nat. Speaking, Zoomtext, Kurzweil Scan/Read) _____ |
| <input type="checkbox"/> Adaptive Equipment _____ | <input type="checkbox"/> Alternate Format Books/CD |
| <input type="checkbox"/> Notetaker (Copy of class notes) | |
| <input type="checkbox"/> Ability to record lectures | |

I hereby understand that the confidentiality of my records is protected under the Family Educational Rights and Privacy Act (FERPA) and that information contained within the Centralia College file in the Disability Services office may be shared with other members of the staff and faculty for the purpose of receiving reasonable accommodations.

Signature _____ Date _____