

Student Information:

Student Name: _____ Date of Birth: _____

Address: _____ City: _____

Phone Number: _____ NHCC Student ID #: _____

Email Address: _____ Star ID #: _____

Are you a current PSEO or transitional Student? Yes or No
If yes, please identify high school/program. _____

Have you been a prior college student? Yes or No
If you have attend college, where? _____

Did you receive accommodations in college? Yes or No

Please identify the disabilities that impact you:

- | | |
|---|--|
| <input type="checkbox"/> Learn Disability | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Autistic or Asperger's | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Psychiatric Condition(s) | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Systemic Impairment (Other Medical) |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Limited Vision |
| <input type="checkbox"/> Chemical Dependency (history of) | <input type="checkbox"/> Blind |

Describe your disability and how it impacts your learning or functioning on a day to day basis: _____

List measures you are currently using to offset the impact. How effective are the measures? _____

Accommodations you have used during high school and/or college:

- | | |
|--|--|
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Separate, semi-private testing area |
| <input type="checkbox"/> Digital audio recorder | <input type="checkbox"/> Uses of screen reader on Exams |
| <input type="checkbox"/> Alternative format of textbooks | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Enlarged print | <input type="checkbox"/> Lab Assistant |
| <input type="checkbox"/> Adaptive equipment/software | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Extended time for testing | |

Tennessee Warning

Access Services (A.S.) is asking you to provide documentation regarding your disability. The Director of Access Services will evaluate the information and determine eligibility for services based on the information provided. This information is considered private information under state and federal law.

Accommodations are based on a student's functional limitations as supported by an acceptable source of documentation. You are not legally required to provide the information A.S. is requesting and you may refuse to provide some or all of the information. If you do not provide sufficient information, A.S. will provide services based on the documentation that is provided. A.S. cannot provide services if you do not provide any supporting information.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to the A.S. office. However, federal and state law does authorize release of private information without your consent to:

- Other school officials, on a legitimate need to know basis, within the college who have legitimate educational interests in the information;
- Federal, state, or local education officials for purpose of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of financial aid;
- The juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you;
- An alleged victim of sexual assault, if you are the alleged perpetrator and the release is of the results of a disciplinary proceeding against you related to the alleged crime;
- Your parents, if your parents claim you as a dependent student for tax purposes;
- A court; grand jury, or state or federal agency, if the information is sought with a subpoena;
- An institution engaged in research for an educational institution or agency related to testing, student aid, or improved instruction;
- An accrediting organization in connection with its accrediting functions;
- Appropriate person in connection with an emergency, if necessary to protect the health and safety of yourself or others;
- If required by a court order, or permitted by other state or federal law

Rights and Responsibilities

I understand that I am required to do the following:

- Provide documentation substantiating your disability and related functional limitations for particular accommodations.
- Inform Access Service staff about needed accommodations and assistance
- Communicate with instructor(s) to coordinate testing accommodations before each exam
- Request services in advance, accommodations are not retroactive
- Follow all program and college policies and procedures
- Provide attendant care for my personal needs while on campus.
- Meet the same academic requirements and academic standards as all students on campus
- Report all grievances in a timely manner
- Follow North Hennepin Community College’s Student Code of Conduct

If I qualify as a person with a recognized disability, I have the right to:

- Receive reasonable classroom and testing accommodations
- Receive services that may be needed for equal access to the campus
- Not to be treated differently
- Privacy of information within the limits of the law
- Obtain assistance in order to gain access to college programs and facilities
- Obtain information and advice that leads to self-advocacy
- Report any grievance if my concerns have not been adequately addressed

I understand the content of the about information. I agree that I will ask questions, before signing my name, if I do not understand.

X

Student Signature and Date