



Request for Accommodations

Federal Law prohibits Support Services from making pre-admission inquiries about disabilities. Support Services has been designated on campus to assist students with disabilities. In order to provide this assistance, it is necessary for students to identify themselves in a timely manner. Please remember any information you provide is strictly voluntary and will be kept confidential.

In order to facilitate your learning experience at A-B Tech, we ask that you complete the following information and return this form along with proper documentation to Support Services.

Name: First name Last name

Student ID #: Student ID #

Student Email Address: Student email address [@students.abtech.edu](mailto:students.abtech.edu)

Cell Phone: Cell phone Home Phone: home phone Work Phone: work phone

Address: Street/PO Box, City, State Zip Code

Date of Birth: Date of birth

Emergency Contact: Name of emergency contact, Name of emergency contact, Name of emergency contact

Program of Study:

Curriculum: Program of study

Continuing Education

Early College

Department of Transitional Studies

Middle College

Other: Please specify

How did you learn about Support Services: how did you hear about Support Services

Are you working with another agency (i.e. Vocational Rehabilitation, Services for the Blind, etc.): Other service agencies you are working with

What is the nature of the disability (check all that apply)?

ADHD

Health/Medical Impairment: specify

Autism Spectrum Disorder

Psychiatric Disability: Specify

Learning Disability: specify

Speech Impairment

Visual Impairment

Traumatic/Acquired Brain Injury

Hearing Impairment

Other: Specify

Intellectual Disability

Temporary

Do you use Technical Equipment? If so, what? Technical equipment used

How does the disability affect you in the classroom? Please explain

What areas or tasks do you find difficult (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> Doing math calculations | <input type="checkbox"/> Climbing stairs |
| <input type="checkbox"/> Completing assignments | <input type="checkbox"/> Doing math word problems | <input type="checkbox"/> Understanding spoken language |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Following directions | <input type="checkbox"/> Talking |
| <input type="checkbox"/> Memorizing | <input type="checkbox"/> Spelling | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Managing time/Procrastination | <input type="checkbox"/> Taking tests | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Putting thoughts into words | <input type="checkbox"/> Other: Specify |
| <input type="checkbox"/> Understanding what I read | <input type="checkbox"/> Being motivated | |
| <input type="checkbox"/> Proofreading/Editing | <input type="checkbox"/> Participating in physical activities | |

What accommodations or services do you need while you are in school? (Note: Accommodations are approved based on the supporting documentations you provide and an intake interview with an advisor.)

Requested accommodations

My signature below affirms I am registering with A-B Tech Support Services as a student with a disability as defined by the Americans with Disabilities Act and I certify the above information is accurate. Despite my disability, I understand the following:

- I must notify/meet Support Services as early as possible each term to receive my accommodation letters (purple sheets) to give to my instructor(s)
- I must meet with my instructor(s) to discuss my accommodation(s)
- I must meet the technical standards as set forth by my program of study and the classes I take with or without accommodations
- I am responsible for following the College's Student Code of Conduct as outlined in the College Catalog and Student Handbook

I authorize A-B Tech Support Services to disclose to necessary staff/faculty members information regarding my need for accommodations. I authorize Support Services to contact my instructors prior to class start dates to facilitate timely accommodations. This information may be used to evaluate the need for educational services and/or plan an educational program. The use or release of this information is limited to purposes directly connected with my academic program.

I understand my records are protected under confidentiality legislation and cannot be disclosed without my written consent. I understand I may revoke this consent at any time except to the extent that action has already been taken. In order to speak with anyone else regarding your academic progress, please complete a [Release of Information form](#).

Student Signature: space to sign name Date: date of request

Parent Signature (if student is under 18): Parent signature

Support Services at A-B Tech Community College
340 Victoria Rd., Asheville, NC 28801 ✦ supportservices@abtech.edu
828-398-7581 ✦ 828-281-9886 (fax)

Asheville-Buncombe Technical Community College is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based on race, color, gender, national origin, religion, sex, or disability.

Rev. 11.21.2016