

ACCESSING ACCOMMODATIONS: CHECKLIST FOR STUDENTS

□ STEP 1: COMPLETE

- Complete the following form:
 - *Confidential Intake and Accommodation Request* form (Attached)

□ STEP 2: PROVIDE DOCUMENTATION

- Please provide current documentation of your diagnosis (learning, psychological, physical). If you do not have documentation, you may use the following forms to assist you in securing documentation from your healthcare provider, qualified professional, and/or high school:
 - *Provider Assessment of Disability* (Request from ODS)
 - *High School Release of Information* (Request from ODS)

□ STEP 3: RETURN FORMS AND DOCUMENTATION TO ODS

- *Self-delivery* - Student Life Center, s207
- US Mail – Virginia Western Community College, Office of Disability Services – Attn: Hillary Holland, LPC, 3096 Colonial Ave., Roanoke, VA 24015
- *Email* - disabilityservices@viriniawestern.edu
- *Fax*- 540-857-7918

□ STEP 4: MEET WITH ODS COUNSELOR

- Once your Intake Packet with documentation is processed, ODS will contact you to schedule an appointment.
- If you have not been contacted by our office within **1 week** of submitting documents, please call 540-857-7286 or email us at disabilityservices@viriniawestern.edu

OFFICE OF DISABILITY SERVICES

CONFIDENTIAL INTAKE AND ACCOMMODATION REQUEST

Please complete form using black or blue ink only

Student Information

Today's date		Student ID	
Last Name	First name	MI	
VWCC E-mail		@email.vccs.edu	
Phone 1 ()	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone 2 ()	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		SSN (not required)	

Student Self-Disclosure

Do you wish to disclose you have a disability? Yes No

Do you wish accommodations for your disability? Yes No

Would you like to register to vote? Yes No Already Registered Not a VA Resident

Disability Information

Please indicate your disability and/or diagnosis?

- | | |
|-----------------------------|---|
| — Mobility Impairment | — Chronic Illness |
| — Blind / Visual Impairment | — Brain Injury |
| — Deaf / Hard of Hearing | — Psychological/Emotional |
| — Speech Impairment | — Attention Deficit Disorder (ADD/ADHD) |
| — Learning Disability (LD) | Specify: _____ |
| Specify: _____ | |
| — Other: _____ | |

(Please be specific)

Self-Assessment

Please rate any of the major life activities listed below that might be affected as a result of your disability/impairment.

<u>Function</u>	<u>Minor</u>	<u>Moderate</u>	<u>Major</u>	<u>Comments</u>
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accommodation Request

Have you received accommodations for this disability in the past? Yes No

Please indicate below any accommodations or auxiliary aids that you believe will be needed while enrolled at VWCC.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Student Signature:

Date:

ODS Counselor Signature:

Date:

It is the policy of the Virginia Community College System and Virginia Western Community College to maintain and promote equal employment and educational opportunities without regard to race, color, sex, age, religion, disability, national origin, or other non-merit factors. For further information, contact the Title IX Coordinator, Lori Baker in Chapman Hall, Room C102, phone (540) 857-6348, TitleIXCoordinator@virginiawestern.edu or the ADA/Section 504 Coordinator, at the Office of Disability Services, Student Life Building room 207, phone (540) 857-7286. TTY number is (800) 855-2880 all users 711.