# Accommodations Application

## Student Information

<table>
<thead>
<tr>
<th>First Name: ____________________</th>
<th>Last Name: ____________________</th>
</tr>
</thead>
</table>

How did you hear about our Office of Disability Services? __________________________________________

<table>
<thead>
<tr>
<th>OC ID#: ____________________</th>
<th>Birth Date: _____ / _____ / _____</th>
</tr>
</thead>
</table>

## Contact Information

<table>
<thead>
<tr>
<th>Primary Phone Number: (_____) _________</th>
<th>Secondary Phone Number: (_____) _________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preferred email: ____________________</th>
<th>Emergency Contact (Optional)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name __________________________________</th>
<th>Relationship ____________________</th>
<th>Phone Number ____________________</th>
</tr>
</thead>
</table>

## Local Address

<table>
<thead>
<tr>
<th>Address: ______________________________</th>
<th>OC Dorm no. ____________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City: ____________________</th>
<th>State: ____________________</th>
<th>Zip: ____________________</th>
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</table>

My diagnosed disability falls into the following category(ies): *(Required)*

- [ ] ADD/ADHD
- [ ] Autism Spectrum Disorder
- [ ] Blind/Visually Impaired
- [ ] Neurological
- [ ] Deaf/Hard of Hearing
- [ ] Chronic Medical Condition
- [ ] Mobility
- [ ] Traumatic Brain Injury
- [ ] Epilepsy/Seizure Disorder
- [ ] Other
- [ ] Learning Disability (includes Dysgraphia, Dyslexia, Dyscalculia)
- [ ] Psychiatric/Psychological (includes anxiety, depression, etc)

If indicated “other” please specify: ________________________________________________________________

Do you have IEP or 504 documents? ______________________________
Additional Information

Are you a client of the Dept. of Assistive and Rehabilitative Services, or any other agency that provides any type of assistance or guidance? ______________________________________________________________

What type of assistance related to your disability have you received in the past while in school/at employment if this applies to you? ______________________________________________________________

Please describe any difficulties you have experienced while attending school, and type of assistance you may need while attending classes at Odessa College:
____________________________________________________________________________________

Please check any that you have used/could use:

□ Extended time on tests   □ Audio recording device
□ Preferential Seating     □ Ebooks
□ Copies of notes          □ Testing in a quiet place □ Other

If indicated “other”, please specify: __________________________________________________

Questions

What do you want to go to college for? What do you want to do with this certificate/degree?
____________________________________________________________________________________

What are some of your hobbies? __________________________________________________________

Do you take any emergency medication? Yes/No

Name of emergency medication? _________________________________________________________

Do you carry some form of ID regarding your illness, what to do, and who to call in case of an emergency?
____________________________________________________________________________________

How comfortable are you asking others for help? ____________________________________________

How are your computer skills? □ Low     □ Intermediate     □ High

Do you have a computer at home to assist you? _____________________________________________

What would you like to share about you with me, as we plan for your accommodations for your classes while you attend Odessa College? ______________________________________________________________

What are some concerns you might have about attending Odessa College?
____________________________________________________________________________________

Signature: ___________________________________________________     Date: