

# **ACM Academic Access & Disability Resources Student Intake Packet**

## **Demographic Data:**

Name:

Address:

Phone:

Email:

Student ID:

Birth Date:

## **Student Status and Background Information:**

Check/complete all that apply:

I am taking ACM classes as an Early College/Dual Enrollment high school student

I earned a GED Diploma or graduated from high school before attending ACM

*School/Year:*

My first ACM semester will be (or was) \_\_\_\_\_ of 20

*Program of Study:*

I live independently

I live with parent or guardian

*Name(s):*

I live (or will live) in Willowbrook Woods Housing during the semester

## **Referral Information: How did you hear about this office?**

High School Counselor or Teacher

Friend or Family Member

Allegany College Staff or Faculty Person

Community Event/Organization:

Other, please specify:

## Disability Information:

What diagnosed disability are you seeking disability accommodations for? (check all that apply)

Attention Deficit / Hyperactivity Disorder

Deaf or Hard of Hearing

Learning Disability

Mobility / Orthopedic

Traumatic Brain Injury

Intellectual Disability

Blind or Low Vision

Autism Spectrum Disorder

Chronic Medical Condition

Mental Health / Psychological Condition

Speech / Language Disability

Other:

When was this disability first identified or diagnosed?

Approximate Age or Grade:

Have you received disability accommodations for this disability in the past?

If yes, where did you receive these accommodations? (check all that apply)

*Elementary School*

*Middle School*

*High School*

*Another Community College or University/4-Year College*

Are you a client of any of the following rehabilitation agencies?

*Blind Services*

*Vocational Rehabilitation (e.g. DORS)*

*Veterans Administration (e.g. Chapter 31)*

*Other (please specify):*

*None*

Please list any medication(s) you currently are taking that **may affect your performance as a student** and the side effects of those medication(s):

**Please select the box for the accommodations you are requesting:**

**Classroom Accommodations:**

- Adaptive furniture or equipment—*Explain what type (FU):*
- Access to visual aids/Power Points, when available (PP)
- Additional time on in-class writing assignments (WR)
- Assistive listening device (FM System) (AL)
- Audio recording for lectures (TP)
- Captioned videos (CV)
- Brief exit from classroom when symptoms occur (EX)
- ASL Interpreting/transcribing services (IN)
- Assistance with note-taking (NV or ND)
- Rare exceptions to absentee policy when it does not compromise course objectives (AB)
- Preferential Seating—*Indicate preference (SE):*
- Use of laptop computer for notes or in-class writing assignments (LT)

**Testing Accommodations:**

- Calculator when it does not interfere with course objectives (CA)
- Computer access for essay exams CE)
- Extended time on exams (ET)
- Distraction reduced testing environment (DR)
- Large print exams (LP)
- No Scantron answer sheets or Scribe may transfer answers (SC)
- Human Reader (RE)
- Human Scribe (SB)
- Spell check (SC)

**Other Accommodations:**

- Classroom moved to accessible location (CM)
- Electronic version or enlarged textbooks and course materials (EL)
- Reduced course load while maintaining full-time status for housing purposes (CL)
- Other—*Please Specify (OT):*

**Emergency Evacuation Situations:**

Will you need assistance in emergency evacuation situations?

*Check:*    Yes    or    No

Please note: If you need assistance, this information will be shared with campus security.

I understand that arranging services will necessitate sharing with my instructors information regarding my disability as it relates to my academic welfare. **I give my permission for disability resources office personnel to contact my instructors regarding my academic progress, as needed.**

*Signature:*

*Date:*

# Student Responsibility Sheet

***I give my consent to Academic Access & Disability Resources (AADR) to share information with my instructors regarding my accommodations as they relate to my academic welfare. I understand that the information will remain confidential and will be used only in providing appropriate support services at Allegany College of Maryland. I give my permission to AADR to contact my instructors regarding my academic progress, as needed.***

***In addition, I have the responsibility to:***

- Inform the college of your needs.
- Complete necessary registration forms to request accommodations and support services.
- Provide the college with documentation of my disability in order to receive accommodations under the Americans with Disabilities Act (ADA)
- Review with each instructor which of the approved accommodations I want to use in their class
- Make a reservation with Learning Commons- Testing Services or with Student Services of PA at least *three* business days in advance when I need a reader or private testing room.
- Adhere to all policies and procedures regarding accommodations and service requests.
- Strive to be as independent as possible.
- Treat staff with courtesy and respect.
- Take personal responsibility for my education by actively participating in course activities.
- Inform AADR when I no longer need the requested accommodations.
- Contact AADR if instructors are not providing agreed-upon accommodations.
- Report any grievance to AADR if I feel that my needs are not being met

***By signing below, I agree to carry out my responsibilities as a student registered with the AADR office.***

***Signature:***

***Date:***

# Release of Information Form

(Optional)

Date:

I, \_\_\_\_\_, give the Disabilities Resource Office faculty and staff permission to release any academic information regarding the accommodations I receive and my performance at Allegany College of Maryland to the agency or persons indicated below:

NAME (ex. Parent/Guardian or Agency)

NAME (ex. Parent/Guardian or Agency)

RELATIONSHIP

RELATIONSHIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

This authorization is valid through:

Current Semester

Current Academic Year

Graduation

***Student Signature\****

***Date***

Student ID Number

***\*Note: This electronic signature will serve as an original signature.***