

**STUDENT INTAKE PACKET**  
**Allegany College of Maryland**  
**Academic Access & Disability Resources Office**

12401 Willowbrook Road, SE  
Cumberland, Maryland 21502-2596  
Email: [adr@allegany.edu](mailto:adr@allegany.edu)  
PHONE: 301-784-5234 FAX: 301-784-5090

***Demographic Data***

Name: \_\_\_\_\_  
*Last First MI Preferred First Name*

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 graduated from high school or earned a GED diploma before attending ACM.  
School: \_\_\_\_\_ Year: \_\_\_\_\_
- My first ACM semester was or will be (circle one) **Fall--Spring--Summer** of 20\_\_\_\_
- I live independently.
- I live with parent or guardian (name(s)): \_\_\_\_\_
- I live (or will live) in Willowbrook Woods housing during the semester.

***Documentation***

Documentation is required and can be faxed to us at 301-784-5090 or emailed to us at [ADR@allegany.edu](mailto:ADR@allegany.edu). Documentation varies depending on the disability, but all documentation MUST be compiled and signed by a licensed professional, such as: a medical doctor, psychologist, psychiatrist, therapist, etc.

**Examples of documentation include:**

- psychoeducational report
- psychological assessment
- educational evaluation
- IEP/504 plan (helpful, but not always sufficient by itself)
- Letter from provider (letterhead, signed, with diagnostic code(s))

## Disability Information

1. For what diagnosed disability are you seeking disability accommodations?

*(check all that apply)*

<input type="checkbox"/> Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Mental Health/Psychological Impairment
<input type="checkbox"/> Blind/Visual Impairment	<input type="checkbox"/> Mobility/Physical Impairment
<input type="checkbox"/> Chronic Medical Disability	<input type="checkbox"/> Speech/Language Disability
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Other Impairment (please specify): _____

2. At what approximate age or grade was this disability first identified or diagnosed?

\_\_\_\_\_

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

- Yes       No

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

- Elementary school  
 Middle school  
 High school  
 Another college or university

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

\_\_\_\_\_  
\_\_\_\_\_

5. Are you a client of a rehabilitation agency?

- Blind Services  
 Vocational Rehabilitation (ex. DORS)  
 Veterans Administration Vocational Rehabilitation (e.g. Chapter 31)  
 Other (please specify) \_\_\_\_\_

## ***Accommodations Request***

Please **circle the two-letter code** for the accommodations you are requesting:

### **Classroom Accommodations:**

- FU Adaptive furniture or equipment (please specify) \_\_\_\_\_
- PP Access to visual aids/Power Points, when available
- WR Additional time on in-class writing assignments
- AL Assistive listening device (FM System)
- TP Audio recording of lectures
- CV Captioned videos
- EX Brief exit from classroom when symptoms occur
- IN ASL interpreting/transcribing services
- NT Note-taking assistance
- AB Rare exceptions to absentee policy when it does not interfere with course objectives
- SE Preferential Seating (please specify) \_\_\_\_\_
- LT Use of laptop or tablet for notes and in-class writing assignments

### **Testing Accommodations:**

- CA Calculator when it does not interfere with course objectives
- CE Computer access for essay exams
- ET Extended time on knowledge-based testing (1.5X)
- DR Supervised, distraction-reduced testing environment
- LP Large print exams
- RE Reader (text to speech)
- SB Scribe (speech to text)
- SP Spell check

### **Other Accommodations:**

- CM Classroom moved to accessible location
- EL Alternate text format (please specify) \_\_\_\_\_
- CL Reduced course load (while maintaining full-time status for housing purposes)
- MA Assistance (upon request) getting from building to building when campus sidewalks are snowy or icy
- OT Other (please specify) \_\_\_\_\_

### **I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS**

- Yes       No

*If you need assistance, this information will be shared with campus security.*

## STUDENT RESPONSIBILITY

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 my 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 approved accommodations I want to use in their course.
- 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 faculty and staff with courtesy and respect.
- Take personal responsibility for my education by actively participating in course activities.
- Review my accommodations and understand their limits. If I have any questions, I will contact the AADR office as soon as possible.
- 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 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 (OPTIONAL)

I, \_\_\_\_\_, give the Disability Resources Office, faculty, and staff  
(Student Name)

permission to release any academic information regarding the accommodations I receive and my performance at Allegany College of Maryland to the person(s) or agency indicated below:

\_\_\_\_\_  
NAME (Parent/Guardian or Agency)

\_\_\_\_\_  
NAME (Parent/Guardian or Agency)

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
RELATIONSHIP

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

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

If you wish to change this authorization in the future, please contact us to complete a new form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_