

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

You have the responsibility:

- To inform the college of your needs.
- To complete (with or without assistance) necessary registration forms to request accommodations and support services as needed.
- To provide the college with documentation of your disability in order to receive accommodations under the Americans with Disabilities Act (ADA)
- To notify your instructors of the accommodations you want to use in their class
- To make a reservation with the Testing Center at least 3 days in advance
- To keep arranged appointments with tutors/AADR, interpreters, etc.
- To adhere to all college and disability service's policies and procedures
- To strive to be as independent as possible.
- To treat staff with courtesy and respect.
- To take personal responsibility for your education
- To inform AADR when you no longer need a requested accommodation.
- To contact AADR if instructors are not providing agreed upon accommodations.
- To report any grievance to AADR if you feel that your needs are not being met

By checking each statement and signing below, you are agreeing to carry out your responsibilities as a student registered with this 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.***