

ACM Academic Access & Disability Resources

Student Intake Packet

Demographic Data

Name: _____

Last

First

MI

Local Phone #: _____ Permanent Phone #: _____

Cell Phone #: _____ E-Mail: _____

Student ID #: _____ Birth Date: _____

Student Status and Background Information

- I am returning to ACM
- This is my first semester at ACM

Program of Study: _____

Advisor: _____

- I graduated from high school with Diploma (school/year):

- I graduated with a GED (year): _____
- I live independently
- I live with parent or guardian (name(s)): _____

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

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"/> Blind/Visual Impairment
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Health Impairment
<input type="checkbox"/> Learning Disability (LD)	<input type="checkbox"/> Mental Health/Psychological/Psychiatric Impairment
<input type="checkbox"/> Mobility/Physical Impairment	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Other Impairment (please specify) _____

2. When 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 community college
 another university/4-year college

4. 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) _____
 None

5. 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):

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

Classroom Accommodations:

- FU Adaptive furniture or equipment
- PP Access to visual aids/Power Points, when available
- WR Additional time on in-class writing assignments
- AL Assistive listening device
- TP Audio taping lectures
- CV Captioned videos
- EX Brief exit classroom when symptoms occur
- IN Interpreting/transcribing services
- NT Note-taker (dedicated or volunteer)
- AB Rare exceptions to absentee policy when it does not compromise course objectives
- SE Preferential Seating
- LT Use of laptop computer for notes or in-class writing assignments

Testing Accommodations:

- AT Assistive technology, such as reading and writing software
- CA Calculator when it does not interfere with course objectives
- CE Computer access for essay exams
- ET Extended time on exams
- DR Distraction reduced testing environment
- LP Large print exams
- SC No scantrons
- RE Reader
- SB Scribe
- SC Spell check

Other Accommodations:

- CM Classroom moved to accessible location
- EL Electronic version or enlarged textbooks and course materials
- CL Reduced course load (while maintaining full-time status)
- OT Other

I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS

- YES NO

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 Disabilities Resource's office personnel to contact my instructors regarding my academic progress, as needed.**

Signature

Date

Academic Access & Disability Resources Office

Ms. Dione Clark-Trub, Access and Resources Coordinator

Dr. June Bracken, Director

12401 Willowbrook Road, SE

Cumberland, Maryland 21502-2596

Email: adr@allegany.edu

301-784-5234

301-784-5090 (Fax)

Student Responsibility Sheet

You have the responsibility:

- To inform the college of your needs. **You** must make the request every
- semester.
- 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.
- To notify your instructors as to the accommodations you have been
- approved to receive.
- To give the Student Success Center at least 72 hours notice to receive
- testing accommodations (reader, extended time, etc).
- To keep arranged appointments with tutors/Disability Services
- Personnel, note-takers, interpreters, etc.
- To adhere to all college and disability services policies and procedures
- regarding accommodations and service requests.
- To strive to be as independent as possible.
- To treat the program staff with courtesy and respect.
- To take personal responsibility for your education by actively
- participating in class activities.
- To inform the program staff when you will no longer need a requested
- accommodation.
- To contact the program staff if instructors are not providing agreed upon
- accommodations.
- To report any grievance to program staff 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.

Signature

Date

Academic Access & Disability Resources Office

12401 Willowbrook Road, SE
Cumberland, Maryland 21502-2596
301-784-5234
301-784-5090 (Fax)

**Release of Information Form
(Optional)**

Date: _____

I, _____, give the Disability Resources Office,
(Student Name)
faculty, and staff permission to release any academic information regarding the
accommodations I receive and my performance at Allegany College of Maryland to the
following 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's ID Number

***Note: An original signature is required**