Rockingham Community College

Accessibility Services Application

To be completed by students registering with RCC's Accessibility Services Office. All information is kept confidential, unless otherwise noted.

Date: _____ Initial Term: □ Fall □ Spring □ Summer Year _____

Name: _____ Student ID #: _____

Address: _____

Cell: _____ Home/Video: _____

RCC Email: _____

Other Email: _____

Date of Birth: _____ Gender: _____

Are you a: □ Veteran □ Family Member of a Veteran That Qualifies for VA Education

Educational Goal:
□ Certificate in: _____
□ AA/AS or Associate's Transfer Degree
□ Bachelor's Degree
□ Continuing Education
□ Undecided

Career/Vocational Goal: _____

_____

Pertinent Disability/Medical History: _____

_____

_____

_____

_____

_____

_____

Are you current working? If yes, what do you do? : _____

_____

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Health History:

Do you have any health conditions? (such as seizures, blackouts, migraines, asthma, diabetes, etc.)?

_____

_____

_____

How is your present health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

If fair or poor, please explain:

_____

_____

Please list your current medications *(Please note if medication is for a life threatening condition)*:

_____

_____

_____

How does your disability affect the follow ACADEMIC activities?

Activity	Does NOT affect me	Affects me a little	Affects me a lot
Reading Speed	☐	☐	☐
Reading Comprehension	☐	☐	☐
Spelling	☐	☐	☐
Writing Papers	☐	☐	☐
Math	☐	☐	☐
Understanding Vocabulary	☐	☐	☐
Memory	☐	☐	☐
Attention/Concentration	☐	☐	☐
Study Skills	☐	☐	☐
Time Management	☐	☐	☐
Comprehending Ideas	☐	☐	☐
Organization	☐	☐	☐
Test Taking	☐	☐	☐

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UNDERSTANDING LECTURES	☐	☐	☐
TAKING NOTES	☐	☐	☐

OTHER: _____

HOW DOES YOUR DISABILITY AFFECT THE FOLLOW MAJOR LIFE ACTIVITIES?

ACTIVITY	DOES NOT AFFECT ME	AFFECTS ME A LITTLE	AFFECTS ME A LOT
CARING FOR YOURSELF	☐	☐	☐
EATING	☐	☐	☐
TALKING	☐	☐	☐
SITTING	☐	☐	☐
HEARING	☐	☐	☐
SEEING	☐	☐	☐
BREATHING	☐	☐	☐
WALKING/STANDING	☐	☐	☐
LIFTING/CARRYING	☐	☐	☐
PERFORMING MANUAL TASKS	☐	☐	☐
SELF-CONTROL	☐	☐	☐
INTERACTING WITH OTHERS	☐	☐	☐

OTHER: _____

ACCOMMODATIONS:

PLEASE LIST ALL DISABILITY-RELATED SERVICES YOU RECEIVED OR USED AT PREVIOUS SCHOOLS (E.G. EXTENDED TEST TIME, SPECIAL CLASSES, INTERPRETER/CAPTIONING): _____

_____

_____

WHICH ACCOMMODATIONS WERE HELPFUL? _____

_____

_____

DO YOU HAVE AN OPEN CASE WITH THE DEPARTMENT OF REHABILITATION SERVICES? ☐ YES ☐ NO

WHAT ARE THE POSITIVE TRAITS YOU HAVE BECAUSE OF YOUR DISABILITY?

_____

_____

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_____

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_____

CONFIDENTIALITY RELEASE FOR ACCESSIBILITY SERVICES ONLY:

I AUTHORIZE ROCKINGHAM COMMUNITY COLLEGE'S ACCESSIBILITY SERVICES COUNSELOR TO DISCLOSE SPECIFIC INFORMATION RELATED TO MY DISABILITY, ON AN AS NEEDED BASIS, TO NECESSARY RCC FACULTY AND STAFF; AND, IN AN EMERGENCY, TO AREA EMS PERSONNEL. THIS INFORMATION MAY BE ABOUT ACCOMMODATIONS, ASSISTIVE TECHNOLOGY, AND: _____

_____

_____

_____

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER CONFIDENTIALITY REGULATIONS AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN. THIS AUTHORITY EXPIRES WITH THE COMPLETION OF ALL TRANSACTIONS RELATED TO SERVICES PROVIDED BY ROCKINGHAM COMMUNITY COLLEGE'S ACCESSIBILITY SERVICES.

_____	_____	_____	_____
PRINT NAME	DATE	SIGNATURE	DATE
_____	_____	_____	_____
PRINT NAME OF LEGAL GUARDIAN (IF STUDENT IS UNDER THE AGE OF 18)	DATE	SIGNATURE OF LEGAL GUARDIAN	DATE

PLEASE RETURN THIS COMPLETED FORM TO DEBORAH WODHANIL, ACCESSIBILITY SERVICES COUNSELOR, WHITCOMB STUDENT CENTER 208B, OR EMAIL IT TO: WODHANILD1605@ROCKINGHAMCC.EDU. A FOLLOW-UP MEETING WILL NEED TO BE SCHEDULED.

NOTES (TO BE USED BY STAFF): _____

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_____

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