

Central Alabama Community College
Request for Disability Accommodation
Application/Intake Form

Name: _____ Date: _____

Date of Birth: _____ Telephone#: _____ Cell#: _____

Address: _____

E-mail address: _____

Additional Contact Information: _____

Nature of Disability (ies):

<input type="checkbox"/> Attention Deficit Hyperactivity (ADHD)	<input type="checkbox"/> Psychological Disorders
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Endurance Deficiency
<input type="checkbox"/> Deaf/ Hard of Hearing	<input type="checkbox"/> Coordination Impairment
<input type="checkbox"/> Blind/Visual Impairment	<input type="checkbox"/> Strength Impairment
<input type="checkbox"/> Traumatic Brain Injury (TBI)	<input type="checkbox"/> Mobility Impairment
<input type="checkbox"/> Other (please describe)	_____

Type of Activity Affected by Disability

<input type="checkbox"/> Reading	<input type="checkbox"/> Mobility
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Coordination
<input type="checkbox"/> Writing	<input type="checkbox"/> Sitting
<input type="checkbox"/> Hearing	<input type="checkbox"/> Standing
<input type="checkbox"/> Seeing	<input type="checkbox"/> Speaking
<input type="checkbox"/> Lifting and/or Carrying	<input type="checkbox"/> Physical Activity
<input type="checkbox"/> Concentration	
<input type="checkbox"/> Other (please describe)	

Disability (ies) date of onset and/or diagnosis: _____

Primary health professional name and address: _____

Current medications: _____

Medical restrictions: _____

Are you registered with Rehabilitation Services: _____ Name of Counselor: _____

Reasonable Accommodation Information

Please list any reasonable accommodations or support services that you have received in the past.

Please list any reasonable accommodations or support services you would like to request at Central Alabama Community College_____

Please note any additional information that may assist Central Alabama Community College in coordinating your reasonable accommodations._____

It is the employee's responsibility to provide documentation of his/her disability. A detailed listing of disabilities and appropriate documentation is attached to this form.

Confidentiality Statement

All disability related information is confidential, except when permission is given by the employee to share the information. Central Alabama Community College is required to disclose information when an individual presents a danger to self or others, when subpoenaed for records or testimony in courts, or due to a need to know basis by College officials. I, _____
_____ have read the above Confidentiality Statement and fully understand its terms and conditions.

Employee Signature: _____ Date: _____