Central Carolina Technical College
Accessibility Services
Leslie Abraham (803) 778-7871 (o)
(839) 213-5018 (f)
abrahamlm@cctech.edu

Accessibility Services Student Intake Form

C#: _____ **Request for Service Date: _____**

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Best time to contact you: _____

Disability: _____ Documentation: _____

Special Concerns / Medication: _____

Allergies: _____ Will you need assistance during an emergency evacuation? Type: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship to Student: _____

Student Signature: _____

THE ABOVE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED TO SUPPORT ACCESSIBILITY SERVICES AT CENTRAL CAROLINA TECHNICAL COLLEGE. RELEASE OF INFORMATION TO ANY OTHER ENTITY MUST BE DONE IN WRITING.

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Accessibility Services Information/Medical Documentation Guide

Name (Print)_____ Date: _____

Date of Birth _____ CCTC Student #_____

The above-named student has requested accommodations at Central Carolina Technical College. The Accessibility Services Coordinator is attempting to determine what conditions or combination of conditions constitute a disability and "reasonable" accommodations needed for the student.

Please provide a summary on letterhead <u>from a licensed provider</u>. Letter must include date, signature, and credentials. Prescription pads will not be accepted. Provide information about the learning disabilities, mental disabilities, and or physical limitations. This should include developmental, medical, psycho-social, description of evaluation, dated clinical summary, student's name, and recommended accommodations. For temporary disabilities please include the start date and expected end date.

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Accessibility Service Release of Information

The purpose of this release form is to gain permission to disclose/obtain confidential information on a need-to- know basis from or/to any of the designated parties.

I, _____CCTC#_____,
Hereby authorize ____**Leslie Abraham, Accessibility Services at CCTC.** _____
to release the information:
____Verification of disability diagnosis and/or information regarding appropriate academic accommodations for my disability
____ Faculty notification letter (s) identifying my approved academic accommodations and providing information necessary to allow me to access my educational program
____Other: _____
I am authorizing that the above information be released to:
____Parent/Guardian (by name) _____
____Faculty/Staff (by name) _____
____Administration of Central Carolina Technical college
____License provider _____
____High School _____
____Agency _____
____Other by name _____
____**DO NOT RELEASE THE FOLLOWING:**_____
_____

I understand this information is needed to provide me with accessibility accommodations and services. This information is confidential and will not be released without my prior written consent. Exceptions to the privilege of confidentiality allow the disclosure of this information when deemed necessary to protect me or others from imminent physical danger, where child abuse is present, or upon court order.
This authorization shall remain in effect during my enrollment at Central Carolina Technical College or until I revoke it in writing. (Please note any restrictions which applied to this authorization.)

Student signature	Date
Witness signature	Date