

BRTC Accommodation Services Intake and Assessment Form

Student:	Date: ID #:
Cell Phone:	mail:
Address:	ss#:
Degree Plan:	Documents Provided: □ Yes □ No □ Add'l Requested
Date First Diagnosed:	Date Last Diagnosed:
Ethnic Origin: African American Asi Other	n/Pacific Islander Caucasian Hispanic/Latino Native American Veteran
Please select your Disability:	
□ Psychological Impairment □ Visual □	□ Learning Disability □ Math □ Reading □ Comprehension Hearing □ Mobility □ Physical □ Major Bodily Function □ Neurological Disorder
Accommodations for the following seme	sters: (Circle) Fall Spring SU I SU 2 YR 20
CONTACT: □ Telephone □ Person St	dent Approval: Yes No Parent Participation Yes No
REGISTRATION PROCESS: New Stud	nt □ Returning Student □ Current Student
Campus Location: □ Paragould □ Pocah	ontas 🗆 Piggott 🗇 High School (Concurrent)
Please describe any reasonable classro	m accommodations you think you need at BRTC.
Please list what assistive technology yo	've used in the past.
Please describe any additional concerns	you have or would like to discuss with Disability Services.
Are you taking classes online or CVN?	Yes □ No □ Both
Do you give the ADA Coordinator permi	sion to notify the instructors on your behalf: □ Yes □ No
understand that the ADA Coordinator will n eligible for accommodations. The informati	sment form for BRTC Disability Services and does not guarantee accommodations. I also ed proper documentation showing my disability before determining whether or not I am in submitted to BRTC Disability Services is confidential and will not be shared with anyone artment. I also understand that the admission process to Black River Technical College is a
□ I have read and understand the above, a	nd agree to the policy and procedure set forth by BRTC Disability Services and Black River
Technical College.	
Signature of Student	Date