



THE ACCESS OFFICE

Cypress Campus Center, Room 204
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San Antonio, Texas 78251-4217
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Ph: 210.486.4466 Fax: 210.486.9093

REQUEST FOR DISABILITY SERVICES

Name: _____ Date: _____

SS# _____ Banner ID: _____

Home Address: _____ City: _____

State _____ Zip Code: _____ School email _____

Personal email address: _____

Cell Phone #: () _____ Other Phone #: () _____

College Major: _____ [] Not sure of College Major

Emergency Contact: _____ Relationship: _____

Phone # _____

Are you receiving services from any other agency? [] Yes [] No Note: If "yes", please list below.

Agency Name: [] DARS/ Department of Assistive and Rehabilitative Services (formerly TRC)
[] Veteran's Administration
[] Other: _____

Contact Name: _____
Phone #: () _____
Fax #: () _____

What is your disability? _____ [] Not Sure

Who told you about Access and our services? _____ NVC Instructor _____ Parent _____ Friend

_____ DARS _____ High School counselor / employee _____ Other

Directions: Please check which ****major life activities** affect you due to your disability. (See definition on last page.) Then circle all accommodations that will best assist you with the affected major life activity.

<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Concentration <input type="checkbox"/> Focusing <input type="checkbox"/> Memory</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> • More time for tests • Copy of notes • Use of audio recorder • Reading software (Kurzweil 3000) • Audio textbooks • Frequent breaks • Calculator • Formula sheets • Music during exams • Testing in a quiet environment <p><u>Other Possible accommodations</u></p> <ul style="list-style-type: none"> • Reader/ Scribe 	<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Sight</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> • More time for tests • Copy of notes • Use of audio recorder • Reading software (Kurzweil 1000) • Audio textbooks • Frequent breaks • Reader • Scribe • JAWS (speaking software) • Zoom text • Audio text from publisher • Enlarged hand-outs • Screen enlarger (CCTV) • Adaptive technology in classrooms
<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Physical Limitations (i.e. arms, legs)</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> • More time for tests • Copy of Notes • Use of audio recorder • Reading software (Kurzweil 3000) • Audio textbooks • Frequent breaks • Leave class suddenly • Ability to move around • More time to classes • Absences due to medical reasons • Course Withdraws/Incompletes • Adaptive chairs / desks • Dragon Naturally Speaking • Scribe 	<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Hearing</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> • Sign language interpreters • Copy of notes • FM system (magnifies hearing) • InterpreType- communication through typing

<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/></p> <p><u>Services/Accommodations</u> We recommend these:</p>	<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Communicating</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> ● Spell checker ● Use of audio recorder ● Copy of notes
<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Thinking</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> ● More time for tests ● Copy of notes ● Use of audio recorder ● Testing in a quiet environment ● Calculator 	<p><u>Major Life Activity</u> For problems with:</p> <p><input type="checkbox"/> Reading</p> <p><u>Services/Accommodations</u> We recommend these:</p> <ul style="list-style-type: none"> ● More time for tests ● Copy of notes ● Use of audio recorder ● Reading software (Kurzweil 3000) ● Audio textbooks ● Reader

****Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. (Americans with Disabilities Act of 1990)**

I give my permission for all the information on this form to be made available to my instructors or other individuals employed by Northwest Vista College requiring this information to provide for my educational needs.

SIGNATURE _____ DATE _____ SEMESTER _____