

Odessa College
Office of Student Accommodations
Accommodations Application

Student Information

First Name: _____ Last Name: _____

How did you hear about our Office of Disability Services? _____

OC ID#: _____ Birth Date: ____/____/____

Contact Information

Primary Phone Number:(____) _____ Secondary Phone Number:(____) _____

Preferred email: _____

Emergency Contact (Optional)

Name _____

Relationship _____ Phone Number _____

Local Address

Address: _____ OC Dorm no. _____

City: _____ State: _____ Zip: _____

My diagnosed disability falls into the following category(ies):**(Required)**

- ADD/ADHD Autism Spectrum Disorder Blind/Visually Impaired Neurological
 Deaf/Hard of Hearing Chronic Medical Condition Mobility
 Traumatic Brain Injury Epilepsy/Seizure Disorder Other
 Learning Disability (includes Dysgraphia, Dyslexia, Dyscalculia)
 Psychiatric/Psychological (includes anxiety, depression, etc)

If indicated "other" please specify: _____

Do you have IEP or 504 documents? _____

Additional Information

Are you a client of the Dept. of Assistive and Rehabilitative Services, or any other agency that provides any type of assistance or guidance? _____

What type of assistance related to your disability have you received in the past while in school/at employment if this applies to you? _____

Please describe any difficulties you have experienced while attending school, and type of assistance you may need while attending classes at Odessa College: _____

Please check any that you have used/could use:

- Extended time on tests Audio recording device
- Preferential Seating Ebooks
- Copies of notes Testing in a quiet place Other

If indicated "other", please specify: _____

Questions

What do you want to go to college for? What do you want to do with this certificate/degree?

What are some of your hobbies? _____

Do you take any emergency medication? Yes/No

Name of emergency medication? _____

Do you carry some form of ID regarding your illness, what to do, and who to call in case of an emergency?

How comfortable are you asking others for help? _____

How are your computer skills? Low Intermediate High

Do you have a computer at home to assist you? _____

What would you like to share about you with me, as we plan for your accommodations for your classes while you attend Odessa College? _____

What are some concerns you might have about attending Odessa College?

Signature: _____

Date: