



APPLICATION FOR STUDENTS WITH DISABILITIES

NAME: _____ SOCIAL SECURITY#: _____
 EMAIL: _____

ADDRESS: _____ PHONE #: _____

AGE: _____ D.O.B: _____ CENSUS#: _____ TRIBAL AFFILIATION: _____

SEX: MALE: _____ FEMALE: _____ MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ SEPERATED _____

ETHNICITY: _____ CHAPTER: _____ VETERAN STATUS: YES _____ NO _____

HAVE YOU RECEIVED ANY TYPE OF SPECIAL EDUCATION PROGRAM? YES _____ NO _____
 (IF YES, WHEN AND WHERE) _____

HAVE YOU RECEIVED SERVICES FROM; Office of Special Education Rehabilitation Services or State Vocational
 Rehabilitation. YES _____ NO _____ (IF YES, WHEN AND WHERE) _____

WHO REFERRED YOU TO NTC SPECIAL STUDENT SERVICES? _____

DO YOU NEED IMMEDIATE ACCOMMODATIONS SUCH AS AN INTERPRETER TO ATTEND CLASSES?
 YES _____ NO _____ (IF YES, PLEASE EXPLAIN YOUR ACCOMMODATION NEEDS) _____

THE NATURE OF MY LIMITATION (Please check):

- | | |
|---|--|
| <input type="checkbox"/> Blind or Visual Impairment | <input type="checkbox"/> Orthopedic Disability without Mobility Impairment |
| <input type="checkbox"/> Deaf or Hearing Impaired | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Cognitive Disability (including mental retardation) |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Acquired Head Injury/Traumatic Brain Injury |
| <input type="checkbox"/> Learning Disability &/ or Attention Deficit/ADHD | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health/Emotional/Psychological Disability | |

**According to Federal Guidelines, "Substantive evidence of handicapping conditions must be on file either from medical records or where appropriate by psychological and/or physical diagnosis."*

CLASSROOM ACCOMMODATION AND SUPPORTIVE SERVICES NEEDED (Please Check):

- | | | |
|--|---|--|
| <input type="checkbox"/> Advisement & Counseling | <input type="checkbox"/> Use of Aids (calculator, recording devices, etc) | <input type="checkbox"/> Test Modification |
| <input type="checkbox"/> Information & Referral | <input type="checkbox"/> Other; _____ | <input type="checkbox"/> Extended Time |
| <input type="checkbox"/> Computer Facilities | _____ | <input type="checkbox"/> Separate Place |
| <input type="checkbox"/> Note Taker | _____ | <input type="checkbox"/> Different Format |
| <input type="checkbox"/> Tutoring | _____ | <input type="checkbox"/> Reader |

**In applying for the NTC Special Student Services, I understand the explanation of services I am eligible to receive while I am enrolled for full-time or half-time student at the Navajo Technical College. The NTC Special Student Services will maintain CONFIDENTIALITY of all pertinent information obtained during my education at the Navajo Technical College. I agree the information will be used only for the purpose of my accommodations at NTC.*

X _____
 Student Signature

 Date

 Special Needs Counselor

 Date

RELEASE of INFORMATION

CONFIDENTIAL

I, _____ Student I.D#: _____
(Print Name of Student)

_____ give my permission.
(Initial)

_____ do not give permission.
(Initial)

To **RELEASE** the information regarding my disability, on a need to know basis, to;

_____ Advisors.
(Initial)

_____ Instructors
(Initial)

_____ Professional Staff.
(Initial)

_____ Parent, Guardian, Other: _____
(Initial) *If you choose to have them involved with your education (Advocate)*

ACCOMMODATIONS FOR STUDENTS with DISABILITIES. (Pg. 9. 2014-2015 Undergraduate Catalog)
Under federal law, family members are not provided with access to student information regarding special needs, accommodations or academic progress. Disability and accommodations related information and documentation are treated the same as medical information and handled under strict rules of confidentiality. No documentation in a student's file will be released/discussed without the student's written/initial authorization.

X _____
Signature of Student

Date

Special Needs Counselor Signature

Date