



IDENTIFICATION AND DISCLOSURE FORM
STUDENT INFORMATION

Student Name _____ Student ID: _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell (_____) _____

AGENCY SPONSORSHIP

If applicable, list the agency with which you are a client (i.e. Division of Blind Services, Vocational Rehabilitation, Polk Works, Career Source Polk, Light House for the Blind, Center for Independent Living, or any other agency serving students with epilepsy, diabetes, AIDS, autism spectrum disorder, etc.)

Agency Name _____ Counselor's Name _____
Agency Address _____ Phone (_____) _____

DISABILITY DISCLOSURE INFORMATION

Please check all of the impairments for which you are self-disclosing

- Hearing Learning Mental/Psychological Physical Speech Visual
Other _____

ACCOMMODATIONS REQUESTED

Please check the accommodations you are requesting from the list below

REMINDER: Documentation supporting accommodations must be on file in the ODS before they can be rendered.

- Instructor Notes and PowerPoints Extended Testing Time in TLCC Note-taker
Extended Time for Assignments Testing in distraction-reduced room Peer Tutor
Permission to Record Lectures Extended Testing Time w/reader Typist
Laptop use in class for note taking Extended Testing Time w/scribe Sign Language Interpreter
Furniture Modifications Exams in alternative format Computer Aided Translation (CART)
Priority Classroom Seating
Service animal Mobility device, other than a wheelchair
Specialized equipment _____ Specialized software _____
Other _____

I certify that the above information is true and accurate to the best of my knowledge. By signing this Identification and Disclosure Form I am authorizing Polk State College's Office of Disability Services permission to share this information with the appropriate college staff when necessary in order to provide the approved accommodations.

Student Signature _____ Date _____



STUDENTS WITH DISABILITIES ACCOMMODATIONS APPROVAL FORM

Student Name _____ Student ID _____

- Student has completed all admission requirements
Student provided complete and appropriate documentation on (date)
Type of Disabilities

APPROVED ACCOMMODATIONS

The following accommodations have been recommended for the student based on the doctor/psychologist evaluation report, and therefore have been approved for the student.

- Instructor Notes and PowerPoints, Extended Testing Time in TLCC, Note-taker, Extended Time for Assignments, Testing in distraction-reduced room, Peer Tutor, Permission to Record Lectures, Extended Testing Time w/reader, Typist, Laptop use in class for note taking, Extended Testing Time w/scribe, Sign Language Interpreter, Furniture Modifications, Exams in alternative format, Computer Aided Translation (CART), Priority Classroom Seating, Books in alternate format, Service animal, Mobility device, other than a wheelchair, Specialized equipment, Specialized software, Other

NOTES:

APPROVAL OF ACCOMMODATIONS

The Office of Disability Services has reviewed the documentation presented and has approved the accommodations checked above for this student. This information is protected by the FERPA Privacy Act and cannot be disclosed to any party without the student's permission.

Director of Disability and Counseling Services Signature Date