

BRTC Accommodation Services New Student Form

Student.		_ Date	ID #		
Cell Phone:	Email:				
Address:		SS #:			
Degree Plan:		Documents Provided	I: OYes	ONo	OAdd'l Requested
Date First Diagnosed:		Date Last Diagnosed:			
Ethnic Origin: O African Ar	merican O Asian/Pacific Island	der O Caucasian O Hispa	ınic/Latino	O Native	American O Veteran
Please select your Disability	' :				
OADD/ADHD OChronic/Me OPsychological Impairment	edical Illness O Learning Disab OVisual OHearing C	oility OMath O Reading OMobility OPhysical OMajo	OCompi or Bodily Fui	rehension nction O	Neurological Disorder
OOther					
Accommodations for the fol	lowing semesters: (Circle)	Fall Spring SUI SU2	YR 20		
CONTACT: OTelephone	○Person ○Student Approva	al: ○Yes ○No Pare	nt Participa	ıtion: ○Y	′es ○No
REGISTRATION PROCESS:	O New Student O Returning	Student O Current Student			
Campus Location: O Parago	ould O Pocahontas O Piggoti	t O High School (Concurren	t)		
Please describe any reasona	able classroom accommodati	ons you think you need at E	BRTC.		
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Please list what assistive ted	chnology you've used in the p	past.			
Please describe any addition	nal concerns you have or wou	uld like to discuss with Disa	bility Servi	ces.	
Are you taking classes onlin	ne or CVN? OYes ONo	○Both			
Do you give the ADA Coordi	nator permission to notify the	e instructors on your behalf	: OYes	○ No	
understand that the ADA Cooreligible for accommodations.	ake and assessment form for BF dinator will need proper docume The information submitted to BF Services department. I also un	entation showing my disability RTC Disability Services is con	before dete	ermining w d will not b	whether or not I am be shared with anyone
O I have read and understand Technical College.	the above, and agree to the po	olicy and procedure set forth b	y BRTC Dis	ability Ser	vices and Black River
Signature of Student			Date		