



CONFIDENTIAL

Send to: O "

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Wichita Area Technical College
4004 N Webb Rd,
Wichita, KS 67226
Voice: 316.677.94 Fax: 316.677.9555

WICHITA AREA TECHNICAL COLLEGE
Request for Accommodations and Academic Support

Wichita Area Technical College (WATC) works with students to ensure a positive educational experience. To do this, student assistance is needed to address particular needs. Please complete the information below and sign a Release of Information to allow the Director, Career & Disability Services, to communicate with the appropriate personnel.

Date _____ Course or Program of Study _____

Name _____ Date of Birth _____ Social Security Number _____

Permanent Address _____ City/State/ZIP _____

Home Telephone _____ Work Telephone _____

Please Provide Disability Information/ Disability Description below:

- Vision _____
- Mobility/Ortho _____
- Hearing _____
- Learning Disability _____
- Speech _____
- Other _____

Please list Nature of Requested Services or Accommodations below:

Testing accommodations, if requested in a timely manner: _____

Academic support services: _____

Auxiliary aids: _____

Other: _____

Accommodations and Auxiliary Aids Students are responsible for requesting accommodations or auxiliary aids. Requests should be made at least six weeks before courses, programs or activities begin. Students are responsible for making a written request for assistance to obtain specialized support services from other resources such as State Vocational Rehabilitation, Recordings for the Blind, State Services for the Blind, etc. Example: The Division of Vocational Rehabilitation may fund such items as transportation to the institution, tuition, text books, hearing aids and other individually prescribed devices. I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist or professional, to Laura Barker, Director, Career & Disability Services.

Student Signature _____ Date _____

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WICHITA AREA TECHNICAL COLLEGE
Release of Information

Name _____ Social Security Number _____

Date of Birth: _____

I give the Director, Career & Disability Services, Wichita Area Technical College (WATC), permission to share information with the following persons and/or agencies:

All agencies and/or persons with a legitimate educational need to know.

Or check specific groups below with whom WATC may share information:

All faculty

Specific faculty only — please specify: _____

Academic advisors

Other college personnel

Medical/counseling facilities

Recordings for the Blind

Department of Rehabilitation

Other — please specify: _____

I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist or professional, to Laura Barker, Director, Career & Disability Services. This confidential form will be in effect from the date signed and will remain effective during my registration at Wichita Area Technical College unless I sign a new form.

Student Signature _____ Date _____

Wichita Area Technical College does not discriminate with regard to race, religion, color, sex, disability, national origin or ancestry, age or gender in its admissions, progress or activities. Persons having inquiries may contact the Human Resources director, 4004 N Webb Rd, Wichita, KS 67226, 316.677.9400.



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RELEASE OF INFORMATION BY LICENSED PHYSICIAN, PSYCHOLOGIST OR PROFESSIONAL

Name of psychologist, psychologist or professional _____

Address _____ Day Telephone _____

City/State/ZIP _____ Evening Telephone _____

I, the undersigned student, am requesting special services from Wichita Area Technical College (Wichita Tech), and authorize you to release any information pertaining to my disability to Laura Barker, Director, Career & Disability Services.

Name _____

Birth Date _____ Social Security Number _____

Student Signature _____ Date _____

Disability Verification (this section to be completed by physician, psychologist or professional)

In order to provide students with special education services designed to help them be more successful at WATC, a verification of the student's disability is required. Please provide the following information:

Diagnosis _____

Functional limitations resulting from the condition/disorder that would, in your opinion, impede the student's educational performance. Please check all that apply:

- Poor concentration, distractibility and/or confusion.
- Intense anxiety, phobia and/or panic.
- Distraction due to unproductive thoughts or behaviors.
- Difficulty completing enrollment process due to crowds, long lines, decision making and/or time pressures.
- Difficulty taking notes, reading and comprehending college text, taking tests, managing time and/or completing assignments.
- Problems hearing and/or speaking during discussions in class.
- Problems with interpersonal relations or speaking during discussions in class.
- Other — please specify: _____

Please List Recommended Services or Accommodations below:

Physician/Psychologist/Professional Signature _____ Date _____