



Western Nebraska
Community College

DISABILITY SERVICES

Request for Accommodations, Auxiliary Aids, and/or Services

This form is considered an official request for consideration of reasonable accommodations and should be submitted to the Disabilities Services Officer at least fourteen (14) business days before the beginning of the academic semester in which the accommodations are needed or as soon as the need arises. Documentation of the disability supporting the request for accommodations must also be submitted. Return by mail, fax or email as an attachment to Norm Stephenson, Disability Services Officer (DSO), Western Nebraska Community College 1601 East 27th Street, Scottsbluff, NE 69361; fax 308.635.6732, email stephens@wncc.edu.

You must request accommodations for each semester that they are needed. Returning Students with an Initial Request for Accommodations on file in the Disabilities Services Office will need to make an appointment with the DSO to discuss current needs.

To qualify for accommodation under the Americans with Disabilities Act (ADA), an individual must be a person who has a physical or mental impairment that significantly limits or restricts a major life activity such as hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning, or working. An individual with a disability must also be able to meet the requisite technical and academic standards, considered "otherwise qualified," to be admitted to the WNCC programs of study.

STUDENT NAME: _____
Street Address: _____ City _____, State _____ ZIP: _____
Home Phone: _____ Cell Phone: _____ E-mail Address: _____
Academic Program: _____
Disability or disabling condition: _____

Choose **ONE** Semester: Summer 20 ____ Fall 20 ____ Spring 20 ____

Campus: Alliance Scottsbluff Sidney Online Only

I am requesting the following services, accommodations, and/or auxiliary aids for this semester:

<p>Testing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extended Time <input type="checkbox"/> Test Reader <input type="checkbox"/> Test Writer/Scribe <input type="checkbox"/> Distraction Reduced Environment <input type="checkbox"/> Alternative Format <input type="checkbox"/> Individual Area <p>Classroom:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Note taker <input type="checkbox"/> Recording Device Do you have your own recorder? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Typist/Transcription <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Physically accessible location/Lab Station <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Priority Registration <input type="checkbox"/> _____
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<p>Alternative Format:</p> <table border="1"> <tr> <td> <p>Textbooks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audio <input type="checkbox"/> Braille <input type="checkbox"/> E-Text <input type="checkbox"/> Enlarged Print </td> <td> <p>Class Handouts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audio <input type="checkbox"/> Braille <input type="checkbox"/> E-Text <input type="checkbox"/> Enlarged Print </td> </tr> </table> <p>Do you have your own MP3 Player? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Adaptive Computer Equipment: _____</p> <p>Other: _____</p>	<p>Textbooks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audio <input type="checkbox"/> Braille <input type="checkbox"/> E-Text <input type="checkbox"/> Enlarged Print 	<p>Class Handouts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Audio <input type="checkbox"/> Braille <input type="checkbox"/> E-Text <input type="checkbox"/> Enlarged Print
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Item (s) / Equipment: (adj. table, adj. chair, assistive listening device, assistive technology, ergonomic keyboard, etc.)

Item	Course	Location	Height/Adjustment

1. *In your own words*, describe your physical, mental, or learning disability.

2.(a) How does your disability affect your ability to interact in a classroom setting or online?

(b) How does your disability interfere with your ability to successfully complete assignments, projects or exams?

3. What accommodations will you need to perform successfully in the classroom or online?

Student Signature _____ Date _____

Statement of Confidentiality.

Western Nebraska Community College employees have an obligation to maintain confidentiality regarding a student's disability. To that end, the Dean of Student Services or designee will provide information to Western Nebraska Community College staff and faculty only when necessary in evaluating and/or facilitating accommodations, auxiliary aids and/or services. Except where permitted by law, disability information will not be shared with non-Western Nebraska Community College employees without the student's express written permission.

Accessibility Statement

Western Nebraska Community College seeks to make all programs and services, including electronic and information technology, accessible to people with disabilities. In this spirit, and in accordance with the provisions of Sections 504 and 508 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), the College provides students, faculty, staff, and visitors with reasonable accommodations to ensure equal access to the programs and activities of the College. Individuals with disabilities should contact the College's Disability Services Officer, Norman Stephenson, at stephens@wncc.edu or 308.635.6190 for assistance.