

Street Address

Disabilities Services Request for Accommodation, 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 College1601 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, and/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.

City

7in

Home Phoi	Phone Cell Phone		one	Email	
Academic F	Program				
Disability o	or disabling condition	n			
Choose	ONE Semester	Summer 20	Fall 20	Spring 20	
Campus	s	Alliance	Scottsbluff	Sidney	Online
Testing:	☐ Extended Time			uxiliary aids for this semest	
	☐ Test Reader ☐ Test Writer/Scrib ☐ Distraction Reduce ☐ Alternative Forma	ed Environment	Т	extbooks: ☐ Audio ☐ Braille ☐ E-Text	Class Handouts:
Classroom:	: □ Note taker □ Recording Device			☐ Enlarged Print	□ Braille □ E-Text □ Enlarged Print

Item (s) / Equipment: (adj. table, adj. chair, assistive listening device, assistive technology, ergonomic keyboard, etc.)

Location

Height/Adjustment

Course

1. In your own words, describe you	r physical, mental, or learning c	lisability.	
2. How does your disability affect y	our ability to interact in a classi	room setting or online?	
3. How does your disability interfer	e with your ability to successfu	lly complete assignments, projects o	or exams?
4. What accommodations will you ւ	need to perform successfully in	the classroom or online?	
Student Signature			Date

Statement of Confidentiality

Item

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.