



NEBRASKA INDIAN COMMUNITY COLLEGE

Student Request for Reasonable Accommodations Intake Application

Please submit this form with appropriate documentation to a member of our NICC Educational Access Team.

Student Information

Student's Name: _____
(First) (Middle) (Last)

Student ID#: _____ NICC Email: _____

Cell phone: _____ Home Phone: _____

Local Address: _____ Date: _____

Academic Information

Major: _____

Semester/Year Started at NICC: _____

Academic Standing: Freshman (0-30 credits) Sophomore (30+ credits)

Are you a transfer student? YES or NO Anticipated Date of Enrollment: _____

Special Needs and Accommodations Requested

How would you describe your disability (diagnosis, symptoms, impacts)?

When and how did you receive this diagnosis?

Do you take medication? If so, please list the medication and any side effects:

What would you identify to be areas of strength?

In what specific areas do you anticipate your disability(ies) posing limitations on your academic studies?

How are you affected by your disability(ies) as a student? Place an X in the corresponding column to indicate the level of impact it has on the following academic tasks.

Task	Mild	Moderate	Severe	Unknown
Listening				
Focus/ Concentration				
Comprehension				
Taking Notes				
Speaking in Class				
Group Work				
Attendance				
Study Skills				
Time Constraints on Exams				
Deadlines				
Presentations				
Other:				

What accommodations or tutoring services have you received in the past?

In what ways were they helpful or not helpful to you?

What accommodations are you requesting at Nebraska Indian Community College? (Please include whether or not these are temporary accommodations).

Vocation Rehabilitation Information:

Do you receive services from Vocational Rehabilitation or some other office of rehabilitation services?

____ Yes ____ No

If yes, please provide us with the name, address, and phone number of your counselor.

If no, would like assistance contacting someone for possible funding or services?

Is there anything else you would like to share regarding your request for academic accommodations?

Verification Information

I give permission to the staff in Student Services to contact my parents and/ or legal guardian and my diagnosing healthcare professional in their attempt to verify my eligibility for academic accommodations. **I understand that this permission extends to the verification process only.**

(Student's Signature)

Disclosure Information

By completing and signing this intake application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While the Office of Student Services will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer, depending upon the comprehensiveness and currency of the documentation submitted.

All information submitted to this office is to be completely confidential and used only for the purposes of verification and in connection with this institution's commitment and obligation to student with disabilities.

By signing below, you confirm that you have read (or have had read to you) and understand this document?

(Student's Signature)

(Date)

(Staff's Signature)

(Date)