

Mountain Empire Community College Disability Services Information Sheet

PLEASE PRINT

Name: _____ Date: _____

Date of Birth: _____ SSN: _____ EMPLID: _____

Address: _____

City/State: _____ Zip Code: _____

E-mail: _____

I understand that MECC can not assure the security of information sent to e-mail addresses outside of the VCCS network.

Telephone: (Day) _____ (Evening) _____

Applied to MECC: ____ Yes ____ No Currently attending MECC: ____ Yes ____ No

Do you plan to transfer? ____ Yes ____ No Where? _____

Employment:

Currently employed: ____ Yes ____ No If yes, hours per week _____

Type of work: _____

Educational Goal:

___ Take a few courses that interest me

___ Complete a certificate at MECC

___ Complete a 2-year applied science degree at MECC

___ Complete a 2-year transfer degree at MECC and transfer to a 4-year college

___ Take transfer classes and transfer after 1 year

___ Improve basic skills in reading, writing, math, etc.

___ Other _____

If seeking a certificate or degree, what is your major? _____

What job or career fields are you considering? _____

Special Interests or Hobbies: _____

Have you registered to vote? ____ Yes ____ No

Disability Information: (Check all that apply)

Blind/Visually Impaired Cerebral Palsy Deaf or Hard of Hearing
 Learning Disability Mobility Impairment Speech Impairment
 Brain Injury Other _____
(Please Specify)

Please describe how your disability impacts your educational progress: _____

Are you on any medication at the present time? Yes No List: _____

Types of Special Assistance Received:

	<u>High School Services</u>	<u>Adult Services</u>
Speech therapy	_____	_____
Vision training or prism lenses	_____	_____
Certification for books on tape	_____	_____
Large Print Textbooks	_____	_____
Braille Textbooks	_____	_____
Medication for ADD or hyperactivity	_____	_____
Psychotherapy	_____	_____
Sign Language Interpreter	_____	_____
Personal Assistant	_____	_____
Classroom accommodations:		
tape recordings of lectures	_____	_____
extended time on tests	_____	_____
have tests read	_____	_____
private testing room	_____	_____
use of a word processor	_____	_____
Other _____	_____	_____

Are you a client with any Virginia State Agencies? (DRS, DBVI, VDDHH, Mental Health)

Yes No Agency Name _____

Name of Counselor _____

I give permission to the MECC counselor to discuss my special needs with faculty or other appropriate professionals if needed. Yes No

Student Signature _____ Date _____