

REQUEST FOR DISABILITY SERVICES

Johnston Community College
P.O. Box 2350
Smithfield, NC 27577

Phone: (919) 209-2088
TTY: (919) 209-2154
Wilson Bldg, Room C1041C

Federal Law prohibits Disability Services from making pre-admission inquiries about disabilities. The Disability Services Office has been designated on campus to assist students with disabilities. In order to provide this assistance, it is necessary for students with disabilities to identify themselves in a timely manner. Please remember that any information you provide is strictly voluntary and will be kept confidential.

In order to facilitate your learning experience at Johnston Community College, we ask for you to complete the following information and return this form along with proper disability documentation to the Disability Services Coordinator.

Name: _____ **Student ID#:** _____
(Last Name, First Name, Middle Initial)

Address: _____
Street/P.O. Box City State Zip Code

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Date of Birth: _____ ***Sex:** Male Female ***Ethnicity:** _____

Email Address: _____ **Program of Study:** _____

Have you requested Disability Services in the past? Yes No **If so, when?** _____

* For statistical purposes only

Please answer by checking the appropriate response:

Do you have a disability that substantially limits one or more major life activities? Yes No

What is the nature of the disability? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Other: _____ |

What major life activity is involved? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Talking/Speech | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Math | <input type="checkbox"/> Climbing stairs |
| <input type="checkbox"/> Physical activities | <input type="checkbox"/> Other: _____ |

(Please Complete Reverse Side)

How does this disability affect you in an educational setting?

Please read and sign below:

- It is the student’s responsibility to make a disability known and to provide proper documentation from an appropriate professional describing a diagnosis, limitations, and recommended academic adjustments and/or auxiliary aids.
- It is the student’s responsibility to request services in advance each semester.
- It is the student’s responsibility to keep instructors and Disability Services informed of implementation and effectiveness of an academic adjustment and/or auxiliary aid.
- The student understands that academic adjustments and/or auxiliary aids are not automatically granted.
- Students registered with Disability Services must adhere to student behavior guidelines outlined in the Johnston Community College Student Handbook.

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my Request for Disability Services. My failure to follow these guidelines may result in a delay or interruption of services.

Student’s Signature

Date

Parent/Guardian Signature for minors (under age of 18)

Date

Please return this completed form along with supportive documentation to:

Disability Services Coordinator
Johnston Community College
P.O. Box 2350
Smithfield, NC 27577

Johnston Community College is committed to equality of educational opportunity and does not discriminate against applicants, students, or employers based on race, color, national origin, religion, sex, or disability.