

## 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 \_\_\_\_\_