



Disability Services
6600 34th Avenue
Moline, Illinois 61265-5899
Phone (309) 796-5900
Fax (309) 796-5901
TTY (309) 796-5903

Disability Services Information Sheet

Please fill out this form before your meeting with Disability Services staff. If you do not know the answers to questions you can leave them blank. The intent of this form is to assist in the determination of appropriate and reasonable accommodations. Any information of a confidential nature will not be released without permission of the individual.

Personal Information:

Name: _____

Address: _____

Street

City

State

Zip Code

Daytime Phone: (____) _____ DOB: _____

Student ID Number: _____ E-Mail address: _____

Please provide the name of the person who suggested that you contact Disability Services? (High School Teacher, BHC Instructor, Counselor, etc.)

If you are not a current student, when do you plan to enroll at Black Hawk? _____

Have you completed an application for admission: Yes No

If you are attending Black Hawk, how many semesters have you completed: _____

What high school did you attend? (if local) _____

Year of High School Graduation: _____ or GED completion: _____

Do you receive assistance from the following:

Rehabilitation Services (ORS, DRS, VR) _____ Yes _____ No _____ Unsure

If yes, what is your counselor's name? _____

BHC Student success Center/SS/Trio: _____ Yes _____ No _____ Unsure

Black Hawk College will make all educational and personnel decisions without regard to race, color, religion, gender, sexual orientation marital status, national origin or ancestry, age physical or mental disability unrelated to ability, or status as a disabled veteran or Vietnam era veteran, except as specifically exempted by law.

How would you describe your disability? _____

What is the greatest difficulty you experience in school because of your disability?

Date of your most recent psycho educational or medical evaluation: _____

If you received assistance, based on your disability, in high school or at another college, check those accommodations received below.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Note taker | <input type="checkbox"/> Distraction free testing environment |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Extended time for tests |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Alternative Text Format |
| <input type="checkbox"/> Typist | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Other: _____ | |
- _____

What accommodation(s) are you requesting?

- | | |
|---|---|
| <input type="checkbox"/> Books-on-tape | <input type="checkbox"/> Extended time for test |
| <input type="checkbox"/> Note taker | <input type="checkbox"/> Distraction-free testing environment |
| <input type="checkbox"/> Reader for exams | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Scribe for exams | |
| <input type="checkbox"/> Other: _____ | |
- _____

What assistive technology have you used?

- | | |
|---|---|
| <input type="checkbox"/> Text-to-speech | <input type="checkbox"/> Screen reader |
| <input type="checkbox"/> Voice recognition | <input type="checkbox"/> Alternative pointing device |
| <input type="checkbox"/> CCTV magnification | <input type="checkbox"/> Textbook modifications (BOT, E-text) |
| <input type="checkbox"/> Ergonomic keyboard | |
| <input type="checkbox"/> Other: _____ | |
- _____

If someone assisted you in filling this form out please list their name(s): _____

To ensure the provision of reasonable and appropriate services for students with disabilities at Black Hawk College, students needing such a service are required to provide current and comprehensive documentation of their disability. This documentation should include diagnosis of condition(s) describe the functional difficulties and limitations in an educational setting, indicate the severity and longevity of the conditions, and off recommendations for accommodations.