

STUDENT REQUEST FOR DISABILITY SERVICES

CLIENT INFORMATION

This form is to be completed by the STUDENT. (If assistance is needed, please ask the Disability Case Manager for help). Fill out the form as completely as possible prior to meeting with the Disability Case Manager.

Banner ID: _____ **Date:** _____

Name: _____ **DOB:** _____

PO Box C/S #: _____ **Physical Address:** _____

City: _____ **State:** _____ **Zip:** _____

Home address (if different than physical address): _____

City: _____ **State:** _____ **Zip:** _____

NMT email: _____ **Phone #:** _____

By providing an emergency contact you give New Mexico Tech permission to contact this person in an emergency.

Emergency contact: _____ **Relationship:** _____

Email: _____ **Phone:** _____

Student Status

- ☐ Full-time
- ☐ Part-time
- ☐ Prospective

Year in School

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

Ethnicity:

- (optional)
- ☐ American Indian/Native American
 - ☐ Asian
 - ☐ Black/African American
 - ☐ Hispanic/Latino
 - ☐ White/Anglo
 - ☐ Other (specify) _____

Sex:

- (optional)
- ☐ Male
 - ☐ Female

Marital Status

- (optional)
- ☐ Single
 - ☐ Cohabiting
 - ☐ Married
 - ☐ Divorced
 - ☐ Separated
 - ☐ Widowed

ACADEMIC DATA:

Is this your first semester at Tech? YES or NO

If not, date of first semester at Tech: _____ Are you a transfer student? YES / NO

Major area of study: _____ **Advisor:** _____

Current GPA: _____ **How are your grades this semester: (circle one)** Excellent Good Fair Poor

Has your academic performance changed? YES / NO **If yes, how?** _____

Do you have a Tech scholarship or the New Mexico Lottery Scholarship: YES / NO

If yes please list: _____

EMPLOYMENT DATA:

Are you working? YES / NO

Place of employment: _____ Hours per week: _____

DISABILITY INFORMATION:

Diagnosis or type of disability: _____

Date you were diagnosed: _____ Name of Diagnostician: _____

Date of most recent diagnosis _____

Medications currently prescribed for your disability, please list and describe:

1) _____ 2) _____
3) _____ 4) _____

Do you currently have a primary care provider for your disability? YES / NO

Name and Profession: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Check the major life activities/major bodily function your disability currently “substantially limits”

Include, but are not limited to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Immune System | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Interacting with others | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Caring for self | <input type="checkbox"/> Lifting | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Neurological | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Normal cell growth | <input type="checkbox"/> Working |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Reading | |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Reproductive functions | |

How does your disability limit your academic performance:

Please describe the issues that you are experiencing in class/housing/other setting that require accommodations

Have you received accommodations for your disability in the past: YES / NO

Where and what accommodation/s (list previous institutions and accommodation/s):

Check any of the following outside agencies from which you have received support:

- ☐ Vocational Rehabilitation
- ☐ Services for the Blind
- ☐ VA
- ☐ CMC-Randolph
- ☐ Services for the Deaf and Hard of Hearing
- ☐ Other: _____

What services did this agency provide you:

Which of the following tasks do you HAVE DIFFICULTY doing? (check all that apply)

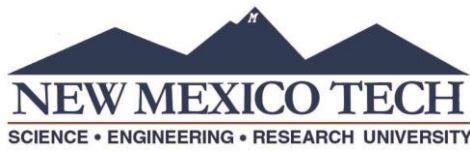
- ☐ Paying attention in class
- ☐ Memorizing
- ☐ Reading/Understanding
- ☐ Doing math calculations/word problems
- ☐ Spelling
- ☐ Physical Activities
- ☐ Taking notes
- ☐ Time Management
- ☐ Communication
- ☐ Following directions
- ☐ Finishing tests on time
- ☐ Writing/Putting thoughts into words

ACCOMMODATION REQUESTS

Please describe the reasonable accommodations you are requesting:

Any other concerns that you would like to discuss:

NOTE: Accommodations are approved based on the supporting documentation provided, an intake interview with a case manager, and may include decisions by the Office of Counseling and Disability Team.



NMT Student Agreement for Disability Services and Accommodations

My signature below affirms that I am registering with New Mexico Tech Office of Counseling and Disability Services (OCDS) as a student with a disability, as defined by the Americans with Disabilities Act and Section 504. I understand that despite my disability,

____I fully understand that this request for accommodation(s) is based on New Mexico Tech's need for documentation to support my request for services.

____I understand that once this request for accommodation(s) is processed, I may be required to provide additional documentation, on a case-by-case basis, of changes in my condition. I understand the NMT may not be able to provide services until appropriate documentation has been received.

____I agree to allow the disclosure of my agreed upon accommodations to my professors. I am aware that it is my responsibility to deliver and discuss my accommodation letters with each professor. I understand that choosing not to utilize accommodations is my choice, but they may not be used retroactively.

____I understand that OCDS may have student workers assisting with filing of records. I understand my information may be shared with those within the University who have a legitimate educational interest.

____I must meet the minimum technical standards as set forth by my program of study and the classes I take, with or without accommodations.

____I am responsible for following the Universities's policies and the New Mexico Tech Student Handbook: A Guide to University Citizenship.

____I am responsible for contacting OCDS each semester to review my accommodation(s).

____I understand that most contact with the Office of Counseling and Disability Services will go through my student email account at New Mexico Tech.

____If I desire to have any information disclosed with outside parties, including my parents; I will sign a consent form with OCDS.

____I understand that student or faculty questions about accommodations should be submitted to OCDS.

I, the undersigned, authorize the staff providing disability accommodation services to contact relevant New Mexico Tech student services staff, faculty or administration to share information pertaining to my accommodation(s) for the purpose of coordinating appropriate services and determining any necessary and reasonable academic accommodations.

Student Signature _____ Date: _____

NMT OCDS Representative Signature: _____ Date: _____

The institution will provide accommodations to students with disabilities to enable students to meet institutional standards without compromising the Academic Integrity of the course, program, assignment or activity.

