

Date _____ Term _____

In order for LSCC to provide accommodations, voluntary self-identification of disability is required. This information will be kept confidential and used for the sole purpose of assisting students in achieving their fullest potential while enrolled at LSCC.

Name _____ Student Identification Number: **X000**

Address _____ Phone: _____
Street City Zip

E-Mail Address _____ Alternate Phone: _____

Indicate the degree you are seeking: AA AS AAS Certificate Non-Degree

Please indicate whether one or more of the following disabilities may require adaptation to the school environment or curriculum. (In the case of multiple disabilities, please indicate "P" for primary disability.)

- Hearing Impairment** – A hearing loss of 30 decibels or greater, pure tone average of 500, 1000, 2000 Hz, ANSI, unaided, in the better ear.
- Visual Impairment** – Disorders in the structure and function of the eye as manifested by at least one of the following:
 1. Visual Acuity of 20/70 or less in the better eye after the best possible correction,
 2. A peripheral field so constricted that it affects one's ability to function in an educational setting,
 3. A progressive loss of vision which may affect one's ability to function in an educational setting.
- Physical Impairment** – (Musculoskeletal and connective tissue disorders, neuromuscular disorders.) Physically disabling conditions which may require an adaptation to one's school environment or curriculum.
- Speech Impairment** – Disorders of language, articulation, fluency, or voice which interfere with communication, pre-academic or academic learning, vocational training, or social adjustment.
- Specific Learning Disabilities** – A disorder in one or more of the basic psychological or neurological processes involved in understanding or in using spoken or written language. Disorders may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations.
- Psychological Emotional Disorders** - A specific condition with certain sets of symptoms which are defined in the Diagnostical and Statistical Manual of Mental Disorders (DSM-IV)
- Other Health Impaired** – All other specific disorders not included in the above listed categories.

What is your career goal? _____

What specific support services or accommodations did you receive while attending other schools?

What services or accommodations are you requesting at Lake-Sumter Community College?

- In order to receive accommodations, students registered with the OSD office must request an Instructor Notification Letter at the beginning of each term to give to each of their instructors.
- Students who receive services from any service agencies are encouraged to provide information below.

Agency Name _____ Counselor or Case Manager _____; Phone _____

RELEASE OF INFORMATION

In order to facilitate the accommodation process, I give my permission for this information to be shared with LSCC advisors, administrators, instructors, and the service providers named above.

Student Signature _____ Date _____

Advisor Signature _____ Date _____