



# NEBRASKA INDIAN COMMUNITY COLLEGE

## Student Request for Reasonable Accommodations Intake Application

*The Student Request for Reasonable Accommodations Intake Application is required to be completed in order to receive accommodation support at Nebraska Indian Community College (NICC). This form is divided into the following sections. Please be sure that each section is complete before submitting.*

- Student Information
- Special Needs/Accommodations Requested
- Supporting Documentation
- Release of Information/Disclosure

*If you may need additional support for completing this form, please contact a member of NICC's Educational Access Team or view the 'How to Complete Student Request for Reasonable Accommodations' at [www.thenicc.edu](http://www.thenicc.edu) > Current Students > Students with Special Needs*

*Please submit this form with supporting documentation to NICC's Educational Access Team.*

### Student Information

#### Personal Information

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Student ID#: \_\_\_\_\_ NICC Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local Address: \_\_\_\_\_

#### Academic Information

Major: \_\_\_\_\_ Semester/Year Started at NICC: \_\_\_\_\_

Academic Standing: \_\_\_\_\_ Freshman (0-30 credits) or \_\_\_\_\_ Sophomore (30+ credits)

Are you a transfer student? \_\_\_ YES or \_\_\_ NO Anticipated Date of Enrollment: \_\_\_\_\_

## Special Needs and Accommodations Requested

How would you describe your disability(ies) (diagnosis, symptoms, impacts/barriers)?

When and how did you receive this diagnosis?

*(Optional)* Is there medication you take to support your diagnosis? If so, you may list the medication and any side effects.

What would you identify to be your areas of strength? Examples may be strengths in the classroom and/or personal strengths as well.

In what specific areas do you anticipate your disability(ies) posing limitations on your academic studies?

**Special Needs and Accommodations Requested continued (ctd.)**

How are you affected by your disability(ies) as a student? Place an X in the corresponding column to indicate the level of impact it has on the following academic tasks.

<b>Task</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Unknown</b>
Listening				
Focus/ Concentration				
Comprehension				
Memorization				
Taking Notes				
Speaking in Class				
Group Work				
Attendance				
Study Skills				
Time Constraints on Exams				
Deadlines				
Presentations				
Time Management				
Technical Skills (Computer)				
Other				

What accommodations/classroom support/tutoring services have you received in the past?

Was the support provided helpful? Why or why not?

(Optional) Have you received vocational rehabilitation services in the past? If so, how were they helpful or not helpful?

**Special Needs and Accommodations Requested ctd.**

**What accommodations are you requesting at Nebraska Indian Community College? What classroom support would help you be successful in your course/s? Be as specific as possible.**

Are these accommodations permanent or temporary? If temporary, when would you like to revisit accommodations requested?

Is there anything else you would like to share regarding your request for academic accommodations?

**Supporting Documentation**

To help the Educational Access Team determine your eligibility for accommodations, **please provide at least 1 example of supporting documentation.** This documentation will provide support for your need for accommodation based on documented disability.

Some examples of documentation to provide could include:

- Individual Education Plan (IEP) from high school OR
- Note from Doctor OR
- Note from mental health counselor OR
- Other medical documentation

Type of Documentation included: \_\_\_\_\_

Date included on Documentation: \_\_\_\_\_

*\*Applications are not considered complete without this documentation. If you are completing this form digitally, please email supporting documentation or drop off in person with your Educational Access Team member (details at [www.thenicc.edu](http://www.thenicc.edu) > Current Students > Students with Special Needs)*

## **Release of Information/ Disclosure**

### **Release of Information to Medical Service Providers**

Students may choose to allow NICC to contact medical service providers (may include counselors or vocational rehabilitation). This may assist with document verification or questions on prospective accommodations. Students are not required to release their information and doing so is their own decision. Please select the following:

\_\_\_ I do not wish for NICC to contact my medical service providers.

\_\_\_ I will allow NICC to contact my medical service providers. This is the medical service provider's contact information:

Name of Provider: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_ I would like to learn more about Vocational Rehabilitation services.

\_\_\_ I would like to learn more about mental-health counseling services.

### **Release of Information to Advocate**

Students may choose to have an advocate involved in the accommodation process. Often this advocate may be a parent/guardian or another supporting individual. Students are not required to release their information to anyone and doing so is their own decision. Please select the following:

\_\_\_ I do not wish to update an advocate about my accommodation request/process.

\_\_\_ I would like to involve an advocate in my accommodations process. This is their contact info.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Release of Information/Disclosure**

**Disclosure Information**

By completing and signing this intake application, the signer is voluntarily disclosing a documented disability and requesting accommodations. Disclosure of a documented disability at this time does not necessarily confirm eligibility status for services or accommodations. While the Educational Access Team will make every attempt to quickly review all requests for accommodations, the verification process may take at least 10 business days, depending upon the comprehensiveness and currency of the documentation submitted. All information submitted to this office is to be completely confidential and used only for the purposes of verification and in connection with this institution's commitment and obligation to students with disabilities.

**By signing below, you confirm that you have read (or have had read to you) and understand this document.**

_____	_____
(Student's Signature)	(Date)
_____	_____
(Educational Access Team Member Signature)	(Date)
_____	_____
(Signature of EAT Coordinator)	(Date)

***\*Please submit this form with appropriate documentation to a member of NICC's Educational Access Team. If this is routed for digital signature, email supporting documentation to a member on the Educational Access Team. You can find the corresponding email via ([www.thenicc.edu](http://www.thenicc.edu) > Current Students > Services for Students with Special Needs).***