

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 Freshman Sophomore Junior Senior Graduate

Year in School Full-time Part-time Prospective

ACADEMIC DATA:

Is this your first semester at Tech? YES 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: Mark 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:

- | | |
|--|--|
| <input type="checkbox"/> CMC-Randolph | <input type="checkbox"/> VA |
| <input type="checkbox"/> Services for the Blind | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Services for the Deaf and Hard of Hearing | <input type="checkbox"/> Other: _____ |

What services did this agency provide:

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

- | | |
|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Physical Activities |
| <input type="checkbox"/> Finishing tests on time | <input type="checkbox"/> Reading/Understanding |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Math calculations/word problems | <input type="checkbox"/> Taking notes |
| <input type="checkbox"/> Memorizing | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Paying attention in class | <input type="checkbox"/> 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 academic 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’ 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.

