

CHECK ONE:	<input type="checkbox"/> Beatrice <input type="checkbox"/> Lincoln <input type="checkbox"/> Milford	<input type="checkbox"/> ESQ <input type="checkbox"/> Continuing Education Center <input type="checkbox"/> Learning Center			Date
First Name	Last Name	Preferred Name	D.O.B.	Student ID Number	
Local/Preferred Mailing Address:		City	State	Zip	
Student Phone	Secondary Phone	Email Address:			
Program of Study	Anticipated Graduation Date	Emergency Contact Name and Phone		Relationship	

Have you worked with The Accommodations Resource Office at Southeast Community College before?

Yes. If yes, when? _____ **No.** If no, how were you referred to our office? _____

What do you experience? (Check all that apply)					
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Learning Disability	Medical _____		
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Pregnant/Parenting	Mental Health _____		
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Depression	<input type="checkbox"/> PTSD	Physical _____		
<input type="checkbox"/> Blindness/Low Vision	<input type="checkbox"/> Intellectual Disability		Not Listed _____		

How does this affect you in a school/classroom setting?

What accommodations are you requesting?

Emergency Evacuation:

I will need physical assistance during an emergency evacuation: **Yes.** **No.**
If yes, this will be listed on your official accommodations sheet and a plan will be created with your instructor(s).

Please read each statement, then sign below:

- I understand that I am required to submit appropriate documentation in order to be approved for and receive reasonable accommodations.
- I understand that I am responsible for getting the documentation; Accommodations Resource Office will not obtain documentation on my behalf.
- I understand that I must request accommodations every term.
- I understand that it is my responsibility to notify the Accommodations Resource Office of any changes to my class schedule.
- I understand that the Accommodations Resource Office may need to communicate with other Student Affairs departments regarding accommodations and services.

Student Signature _____ **Date** _____

<p>For AR Office Use Only (Accommodations & Notes):</p>	<p>Southeast Community College is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex*, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. *The U.S. Department of Education's Office for Civil Rights enforces Title IX's prohibition on discrimination on the basis of sex to also include discrimination based on gender identity.</p> <p>La política pública de Southeast Community College es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo*, edad, estado civil, origen nacional, etnia, condición de veterano, orientación sexual, incapacidad, u otros factores prohibidos por ley o política del Colegio. *La Oficina de Derechos Civiles del Departamento de Educación de los Estados Unidos hace cumplir la prohibición del Título IX contra discriminación por motivos de sexo, que también incluye la discriminación basada en la identidad de género.</p>
--	--