

CENTER FOR ACCESS INTAKE FORM

Submit this completed form to:
Choose one OPTION

1. Through DocuSign
2. Drop off paper copy at the desk in the CA office on the Macon, *Farris 2182 (RM 2186)* or Union Campus, *B Building Room 221B*.

Center for Access (CA) is committed to providing equal access to all facilities, programs, and services. We encourage you to provide complete, candid and realistic information concerning the nature of your disability and any support that you believe is needed to begin or continue your studies at Southwest Tennessee Community College. The information provided on this form will be kept confidential, and will not be shared with anyone without your permission. Information provided on this form has no bearing on admission determination.

STUDENT INFORMATION

First Name: Last Name: Banner ID:

Address :

City/State/Zip :

Southwest E-Mail: Personal E-mail:

Phone Numbers

Emergency Contact

Name:

Phone Number:

CAMPUS LOCATION:

- ☐ Gill Center
- ☐ Macon Cove
- ☐ Maxine Smith
- ☐ Somerville
- ☐ Union
- ☐ Whitehaven

(OPTIONAL) RACE/ETHNICITY :

- ☐ African American/Black
- ☐ Asian-American
- ☐ Caucasian/White
- ☐ Hispanic/Latinx
- ☐ Multiracial
- ☐ Native American
- ☐ Other

GENDER:

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Transgender
- ☐ Decline

TYPE OF DISABILITY:

- ☐ ADD/ADHD
- ☐ Autism Spectrum Disorder
- ☐ Cognitive Disability
- ☐ Chronic Health Impairment
- ☐ Deaf/Hearing Loss
- ☐ Psychological Disability
- ☐ Learning Disability
- ☐ Physical/Mobility Disability
- ☐ Seizure Disorder
- ☐ Speech/Language Disorder
- ☐ Vision Impairment
- ☐ Traumatic Injury
- ☐ Other: _____

*Have you met with your Professional Academic Advisor?

☐ Yes ☐ NO

ADDITIONAL INFORMATION

Please check any of the following categories that apply to you:

Type of Documentation Provided:

- ☐ IEP/504
- ☐ Psychological Report
- ☐ Letter from Medical Provider
- ☐ Supplemental Security Income (SSI)
- ☐ SWTCC's Medical Documentation Form
- ☐ Other: _____

Previous Accommodations:

- ☐ Note Taker
- ☐ Tape Record Lectures
- ☐ Alternative Textbook Format
- ☐ Sign Language Interpreter
- ☐ Use of Calculator for Exams
- ☐ Testing in Reduced Distraction Environment
- ☐ Assistance of ☐ Reader ☐ Scribe
- ☐ Alternative Textbook Format
- ☐ Disabled Request Discount Form
- ☐ TN Promise Reduced Course load
- ☐ Preferential/Row Seating
- ☐ Assistive Technology
- ☐ Large Print Exams or Handouts
- ☐ Extended Time: ☐ 1 1/2 ☐ 2
- ☐ Other: _____

Select all of the following classroom activities that create barriers for you.

- | | | |
|---|---|---|
| <input type="checkbox"/> test taking | <input type="checkbox"/> sitting near people | <input type="checkbox"/> moving around in the classroom |
| <input type="checkbox"/> reading test questions | <input type="checkbox"/> participating in group work | <input type="checkbox"/> attending class |
| <input type="checkbox"/> reading textbooks | <input type="checkbox"/> staying awake in class | <input type="checkbox"/> none |
| <input type="checkbox"/> taking class notes | <input type="checkbox"/> handling small objects | <input type="checkbox"/> Other : (Specify Below) |
| <input type="checkbox"/> listening to lectures | <input type="checkbox"/> traveling to or from classroom | |

Select all of the following skills that are problematic for you.

- | | | |
|---|--|--|
| <input type="checkbox"/> organization | <input type="checkbox"/> following-through | <input type="checkbox"/> Other : (Specify Below) |
| <input type="checkbox"/> time management | <input type="checkbox"/> adapting to change | |
| <input type="checkbox"/> motivation | <input type="checkbox"/> interacting with others | |
| <input type="checkbox"/> studying | <input type="checkbox"/> self-confidence | |
| <input type="checkbox"/> paying attention | <input type="checkbox"/> none | |

Read and initial each statement.

1. I understand that if want my approved classroom accommodations/disability waiver that I am responsible for obtaining my Letters of Accommodation (LOA) and submitting them to each of my instructors for each term. ☐
2. I understand that if there are any disability-related conflicts in the classroom or on campus as it relates to Southwest TN Community College, it is my responsibility to inform Center for Access in a timely manner. ☐
3. I understand that my disability is confidential. ☐
4. I understand that I am to advocate for myself in the classroom and beyond by requesting services or communicating my needs. ☐
5. I understand that my accommodations are *not* retroactive. They are applied only from the moment I submit my letter to my instructors. ☐
6. I understand that I must check my Southwest email account regularly for student information and updates. ☐
7. I understand that once I submit my letters to my instructors, they are expected to honor my approved accommodations. ☐
8. I understand that if I am eligible for the disability-related tuition discount, I am responsible for submitting an updated SSI award letter each year, requesting the waiver from CA and submitting the waiver to the Cashier's office each term. ☐
9. **TN Promise:** To avoid Fin Aid and TN Promise penalties, I understand that a recommendation for a part-time schedule (as indicated by a recent evaluation) is best initiated at the beginning of each term. ☐
10. I give the office of Center for Access permission to send an electronic copy of my LOA to my instructors. ☐

Registration Term:

☐ Fall ☐ Spring ☐ Summer

Student's Signature :

Date:

Southwest Tennessee Community College does not discriminate on the basis of race, color, religion, creed, ethnicity or national origin, sex, disability, age, status as a protected veteran or any other class protected by Federal or State laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities.

FOR OFFICE USE ONLY:

Intake Processed by:

Date: