

Central Carolina Community College

1105 Kelly Drive • Sanford, NC 27330

Special Populations Services

919-718-7273

1-800-682-8353, ext. 7273

Service Contract

Name (print)			Social Security No.		
Address			Program of Study		
City	State	Zip	Telephone:	(Home)	(Work)

• **Please indicate the documented disabilities:**

- | | |
|--|---|
| <input type="checkbox"/> Behavioral/Emotional Handicap | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Educable Mental Handicap | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Other Health Impairment_____ |
| <input type="checkbox"/> Autism | _____ |

• **Medications:** _____

- **Appropriate accommodations are determined** on the basis of diagnostic documentation, observation, recommendations of educational and medical professionals, and on interviews conducted with the student.
- **Accommodations are provided** on an individualized basis, according to the needs of each student and the availability of equipment, service providers, and funding.
- **The specific accommodations listed** have been determined as appropriate accommodations and have been agreed upon by the student and by the Coordinator of Special Population Services. Accommodations may vary with time and circumstances. This same information will appear on the enrollment notices.

initials

- Yes, I do want enrollment notices** sent to my instructors providing them with the accommodation information listed above. I will be provided an opportunity to request or decline this service each semester.
- No, I do not want enrollment notices** sent to my instructors. I understand that, in this case, my instructors are not obliged to provide accommodations, and the Special Populations Services staff cannot intervene or advocate on my behalf.

Student's signature: _____ Date: _____

Coordinator's signature: _____ Date: _____

Lead in info: (Identify disability and provide introductory information) _____

This student is eligible for the following accommodations:

Priority registration

Reduced course load (less than 12 credit hours)

Alternative testing services

- extended time, x 1 1/2
- extended time, x 2
- isolated, distraction-free environment
- reader
- scribe
- alternative format/_____
- adaptive equipment/_____
- other _____

Volunteer note taking services

Tape recording privileges (for classroom lectures)

Adaptive equipment/services - use of

- calculator
- word processor/computer
- pocket speller
- RFB Services (recorded textbooks)
- Braille and Speak
- flat, table top desk
- raised-height desk to accommodate wheelchair
- FM sound amplification system
- other _____

Priority Seating

- same seat for all class meetings
- space for guide dog
- other

Alternative formatting

- enlarged print
- other _____

Staff assistance

- interpreter_____
- Cued Speech transliterate
- reader
- scribe
- other_____

Emotional/behavioral support counseling

flexibility/extended deadlines (due dates) and leniency regarding the tardy and attendance policy if the student's attendance is compromised by:

- inclement weather
- interruption of elevator services
- exacerbation of disability condition
- medication complications
- other _____

Facility access

- guide dog accommodation
- mobility orientation to campus
- wheelchair accessible facilities
- assisted classroom entrance
- handicapped parking
- other _____

Medication during class when necessary

Permission to leave class for rest room

Permission to stand and stretch during class

This student takes medication that may

Attach the following to enrollment notice: