

# Bladen Community College

## Disability Services Application

Name \_\_\_\_\_ BCC ID# \_\_\_\_\_

Date of Application \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Address \_\_\_\_\_

Referred to Disability Services by \_\_\_\_\_

### EMPLOYMENT/CAREER

Are you currently working?  Yes  No If yes, how many hours per week \_\_\_\_\_

What are your career goals? \_\_\_\_\_

### FAMILY/SOCIAL

How would you describe the support you receive from your family and friends? (check one)

Excellent

Good

Fair

Poor

### DISABILITY

ADHD/ADD

Learning Disability

Traumatic Brain Injury

Autism Spectrum Disorder

*Describe* \_\_\_\_\_

Other

Blind/Visual Impairment

*Orthopedic Impairment*

*Describe* \_\_\_\_\_

Deaf/Hard of Hearing

Psychiatric Disability

\_\_\_\_\_

Health Impairment

*Describe* \_\_\_\_\_

*Describe* \_\_\_\_\_

Speech Impairment

Describe your disability and how it affects your performance as a student.

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## EDUCATIONAL BACKGROUND

Did you graduate from high school?  Yes  No

Did you have an IEP or 504 Plan in high school?  Yes  No

List any accommodations you used in high school.

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Have you ever attended another college or university?  Yes  No

## BLADEN CC INFORMATION

Start date at BCC? \_\_\_\_\_

Program or Degree \_\_\_\_\_

## ACADEMIC STRENGTHS AND WEAKNESSES

What type of classes do you prefer?

Traditional seated  Online  Hybrid (seated and online)

Describe your study habits.

Terrible  Poor  Average  Good  Very good  Excellent

What are your best subjects? \_\_\_\_\_ Worst? \_\_\_\_\_

Check the areas below that are difficult for you.

- |  |   |
|--|---|
| <input type="checkbox"/> Paying attention            | <input type="checkbox"/> Math calculations    |
| <input type="checkbox"/> Completing assignments      | <input type="checkbox"/> Memorizing           |
| <input type="checkbox"/> Taking notes                | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Putting thoughts into words | <input type="checkbox"/> Spelling             |
| <input type="checkbox"/> Finishing tests on time     | <input type="checkbox"/> Managing time        |
| <input type="checkbox"/> Understanding what I read   | <input type="checkbox"/> Motivation           |

## ACCOMMODATIONS REQUESTED

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## STUDENT RESPONSIBILITIES

As a student with a disability at Bladen Community College, I understand and accept the responsibilities below:

\_\_\_\_\_ following BCC attendance policy, actively engaging, regular studying, and maintaining a positive attitude.

\_\_\_\_\_ achieving required standards in my program of study and required courses.

\_\_\_\_\_ learning about and following the college's policies outlined in the Current Catalog Bladen Community College Student Code of Conduct.

\_\_\_\_\_ meeting with Disability Services early every semester to arrange accommodations.

**I understand that approval of accommodations is a process based on the documentation I provide, an interview with disability services, established college policies, and applicable law.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if needed)

\_\_\_\_\_  
Date

**Official Notes:**