

IOWA VALLEY COMMUNITY COLLEGE DISTRICT

Application for Students with Disabilities

The purpose of this application form is to gather information about your educational and support needs while a student at one of IVCCD's colleges. It is important that you complete and return this application and supporting disability documentation well in advance of your enrollment at MCC. Current students should complete the application and submit documentation as soon as you are aware of a disability-related need for services. **Please note that services cannot begin until a completed application and disability documentation is on file with Learning Services and an Approved Accommodation Letter has been completed.**

BACKGROUND INFORMATION

Name _____

Address _____

City, State, Zip _____

Date of Birth _____ Email address _____

Cell _____ Other phone number _____

Preferred form of communication (check all that apply) _____ phone _____ email

Student ID number (if known) _____ Area of Study _____

DISABILITY INFORMATION

Accommodations for (check all that apply) _____ Academics _____ Campus Housing

What is your disability? (Please be as specific as possible) _____

Describe how your disability affects, limits, or impacts you _____

Have you previously participated in educational support services (i.e. Special Education and/or Resource Room in high school, accommodation services, etc.)? If so, where and when?

What community agency/persons are you working with (i.e. Vocational Rehabilitation, Area Education Agency, medical doctor, etc.)? _____

(OVER)

Academic Accommodations

What accommodation(s) are you requesting for your disability?

Campus Housing Accommodations (please list)

Note: Information will be shared with MCC Residence Life

READ and SIGN: As an individual with a disability, I have requested accommodations to minimize the limitations imposed by a disability and provided documentation of that disability. I fully understand that the documentation provided in support of my request for accommodations shall be kept confidential.

I understand that I will receive notification of my approved accommodations and that it is then my responsibility to contact and work with IVCCD faculty and Learning Services staff to access those approved accommodations. **Academic success is my responsibility.**

I also understand that the approved accommodations will be available each semester I am enrolled at an IVCCD campus but that it is my responsibility to inform College personnel of any changes in my need for accommodations.

By completing this form and signing below, I am agreeing to follow IVCCD policies as a student receiving support services from the Learning Services Division at Iowa Valley Community College District (Ellsworth Community College, Iowa Valley-Grinnell and/or Marshalltown Community College).

	(Applicant's Signature)	(Date)
Return to:	Martha Schwandt, Learning Services Specialist Marshalltown Community College 3700 S. Center Street Marshalltown, IA 50158	
Or to:	Martha.Schwandt@iavalley.edu	

For internal use only: Date received _____ Documentation Attached _____ Scanned _____