

Voluntary Disability Survey

Office of Disability Services, Room B104, Ext. 2955,
Bristol Community College, 777 Elsbree Street, Fall River, MA 02720



Office of Disability Services

I have received this form

NAME: _____ DATE: _____ SS/Student ID _____

Address _____ City/State _____ Zip _____

I wish to disclose a disability (complete form)

Persons with disabilities includes anyone who has a physical, mental or learning impairment which substantially limits one or more major life activities and who has a record of such impairment. To receive services, students must register with the Office of Disability Services and are strongly encouraged to contact the ODS at least 4 weeks before the start of the semester. To be eligible to receive accommodations, the ODS requires that students provide medical and/or diagnostic documentation of their disability. Documentation should be current (within the last three years) and for students with learning disabilities, must include psychological and/or educational testing results; IEPs (Individual Education Plans) may be included.

Home Phone _____

Expected Year and Semester of Enrollment/Attendance _____

Date of Birth _____

I expect to take classes: (Circle) Fall River, New Bedford Voc, New Bedford Star Store, Attleboro, Taunton
(Circle) day classes, evening classes, both

1. **Did/do you receive special education services in high school?** Yes No Not sure

2. **Check description of need:**

Learning Disability (Please specify) _____

ADD or ADHD _____

Physical Disability

Check if: Hearing Related Vision Related Mobility Related
Fine Motor Related Brain Injury Other (Please Specify.)

Psychiatric Disability (Please specify) _____

Other Type of Disability (Please specify) _____

3. **Please check here if you will require assistance in a fire drill or evacuation**

Office Use ONLY			FR
1. _____	2. _____	3. _____	NB
4. _____	Letter From _____	Date: _____	ATT