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

 Boxes

☐ 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

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1. 2. 3. 4. Letter From Date: ATT

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