

Date \_\_\_\_\_ Term \_\_\_\_\_

In order to provide accommodations, voluntary self-identification of disability is required. This information will be kept confidential and used for the sole purpose of assisting students in achieving their fullest potential while enrolled at LSCC.

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

Indicate the degree:  AA  AS  AAS  Certificate  Non-Degree

Please indicate whether one or more of the following disabilities may require adaptation to the school environment or curriculum. (In the case of multiple disabilities, please indicate "P" for primary disability.)

- Hearing Impairment** – A hearing loss of 30 decibels or greater, pure tone average of 500, 1000, 2000 Hz, ANSI, unaided, in the better ear.
- Visual Impairment** – Disorders in the structure and function of the eye as manifested by at least one of the following:
  1. Visual Acuity of 20/70 or less in the better eye after the best possible correction,
  2. A peripheral field so constricted that it affects one's ability to function in an educational setting,
  3. A progressive loss of vision which may affect one's ability to function in an educational setting.
- Physical Impairment** – (Musculoskeletal and connective tissue disorders, neuromuscular disorders.) Physically disabling conditions which may require an adaptation to one's school environment or curriculum.
- Speech Impairment** – Disorders of language, articulation, fluency, or voice which interfere with communication, pre-academic or academic learning, vocational training, or social adjustment.
- Specific Learning Disabilities** – A disorder in one or more of the basic psychological or neurological processes involved in understanding or in using spoken or written language. Disorders may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations.
- Other Impairments** – All disorders not included under physical, speech, hearing, visual, or learning disabilities.

What is your career goal? \_\_\_\_\_

Have you seen a career counselor at LSCC?  Yes  No If yes, approximately when? \_\_\_\_\_

What specific support services did you receive while attending other schools or while you were a client of other agencies?  
 \_\_\_\_\_  
 \_\_\_\_\_

What services are you requesting at Lake-Sumter Community College?  
 \_\_\_\_\_  
 \_\_\_\_\_

- In order to receive accommodations in classrooms, students registering with OSD must request from the OSD Advisor a letter of introduction and accommodation explanation for each instructor from whom they would like to request accommodations.
- Students who receive services from any service agencies are encouraged to provide information below.

Agency Name \_\_\_\_\_ Counselor or Case Manager \_\_\_\_\_; Phone \_\_\_\_\_

Agency Name \_\_\_\_\_ Counselor or Case Manager \_\_\_\_\_; Phone \_\_\_\_\_

### RELEASE OF INFORMATION

In order to facilitate the accommodation process, I give my permission for this information to be shared with LSCC counselors, instructors, and the service providers named above.

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

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_