



PHYSICAL DISABILITIES SERVICES APPLICATION

Eastern Wyoming College Disability Support Services

Counseling Office • Debbie Ochsner, Director • Activities Center 268

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This application is designed to gather information and determine eligibility for services, for students with disabilities that commonly affect physical functioning. Examples include mobility impairments, multiple sclerosis, cerebral palsy, chemical sensitivities, spinal cord injuries, cancer, AIDS, speech disorders, muscular dystrophy, hand function limitations, spina bifida, deaf/hard of hearing, or blind/low vision or other medical conditions. Please complete this form carefully and completely. If you have any questions regarding application items, contact the Counseling Office.

If you need this application provided in an alternative format (e.g. taped, enlarged, on disk) or need assistance completing the application, contact the Counseling Office.

General Information:

Name: _____
Last First MI

DOB: _____ Local /Cell Phone: _____ Email Address _____

Local Address: _____
Street

_____ City _____ County _____ State _____ Zip

Permanent Address: _____
Street

_____ City _____ County _____ State _____ Zip

Permanent Phone: _____

Applying for services beginning: Fall 20 _____ Spring 20 _____ Summer 20 _____

Who referred you to this office? _____

Academic Status:

Present Academic Status:

_____ College Sophomore _____ H. S. Student

_____ College Freshman _____ GED Recipient

High School Information:

High School attending or attended: _____

What is/was your high school cumulative grade point average: _____ Year of Graduation: _____

College Information:

Current cumulative grade point average: _____ Major: _____

Number of credits enrolled in this semester: _____

Transfer Student Information:

College transferred from: _____

Agency Affiliation:

Do you work with:

1. Division of Vocational Rehabilitation? Yes _____ No _____
If "Yes", please note the name/phone number of your counselor. Name: _____
Phone: _____

2. Services for the Visually Impaired? Yes _____ No _____
If "Yes", please note the name/phone number of your counselor. Name: _____
Phone: _____

3. VA Vocational Rehabilitation? Yes _____ No _____
If "Yes", please note the name/phone number of your counselor. Name: _____
Phone: _____

Disability Information:

Physical Disability (diagnosis): _____ Date of onset: _____

Use these lines to explain the diagnosis in more detail (anything that will help determine appropriate services):

To determine your eligibility for services from EWC Disability Support Services, this application must be accompanied by documentation which includes a diagnosis of the condition you indicated and the extent to which the condition limits major life activities, such as learning, seeing, hearing, breathing, walking, speaking, caring for one's self, performing manual tasks, or working. It would also be helpful to receive copies of reports which reflect the kind of services or accommodations which have been provided or recommended to date. See enclosed Documentation Guidelines.

What accommodations do you anticipate needing to ensure equal access to EWC's programs and services?

- _____ Printed materials in alternative format (e.g. electronic text, digitally recorded materials, etc.)
- _____ Test Taking Accommodations (e.g. extended time, 'read' exams, use of a computer, use of a scribe, enlarged tests, etc.)
- _____ Volunteer Note-takers
- _____ Orientation to Adapted Computers (e.g. screen readers, screen enlargement software, alternative keyboards, etc.)

- _____ CD Player Loan (for use with RFB&D disks)
 - _____ Assistive Listening Systems
 - _____ Advocacy Services with instructors or other campus programs and/or staff
 - _____ Handicapped Parking Referral
 - _____ Written assignment (in class) accommodations
 - _____ Oral class participation modifications
 - _____ Other (please describe) _____
-

What type of referral information do you anticipate would be helpful to you?

- _____ Help in preparing papers
 - _____ Word Processing Training
 - _____ Study Skills Assistance
 - _____ Tutoring Services
 - _____ Getting more information about my disability, or diagnostic (testing) services
 - _____ Other (please describe) _____
-

Do you plan to live on campus? Yes _____ No _____ If "Yes", do you anticipate needing accommodations in your residence hall room or campus apartment (e.g. wheelchair accessibility, modifications to accommodate a hearing impairment, etc.)? If so, it is important that you apply for housing as early as possible. Be sure to state on your housing application what your disability is and what accommodations will be necessary. It is a good idea to visit campus in advance and ask Residence Life and Dining Services to show you an open room or apartment like one to which you would be assigned.

Applicants with Mobility Impairments:

Do you use any mobility aids (e.g. wheelchair, power cart, crutches, braces, etc.)? Yes _____ No _____

Do you have difficulty negotiating stairs? Yes _____ No _____ If "Yes", please describe _____

Will you use a personal care attendant? Yes _____ No _____

Do you have any other disability or condition we should know about? Yes _____ No _____ If yes, please describe

I certify that the information on this application is accurate and complete to the best of my knowledge. I hereby authorize the EWC Disability Support Services program to obtain information from my educational record that may be pertinent to my participation in the program (i.e. high school and college transcripts, entrance test scores, semester and cumulative grades, etc.). I also authorize DSS to communicate with other SEO or EWC staff and with my EWC instructors on matters pertinent to my disability and services needed through DSS and SEO.

Signature: _____ Date: _____

The information you provide on this form will not be shared with anyone outside of Eastern Wyoming College without your permission. One agency that commonly shares information and services with DSS is listed below. Please review the statement and sign it if you would permit us to share information with this agency.

I hereby request that the Division of Vocational Rehabilitation work with DSS and authorize information-sharing between DVR and DSS upon request of either agency.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
Eastern Wyoming College Disability Support Services
Counseling and Testing Office
3200 West C Street
Torrington, WY 82240
Phone: 307.532.8238 ♦ Fax: 307.532.8222