



Central Carolina Technical College
 ADA Services
 Kenya Dennis
 (803) 778-7871 (o)
 (803) 778-6696 (f)
 denniskr@cctech.edu

ADA Student Intake Form

C#: _____

Request for Service Date: _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Email _____

Best time to contact you: _____

Disability: _____ Documentation: _____

Special Concerns / Medication: _____

Allergies: _____ **Will you need assistance during an emergency evacuation? Type:** _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Alternate Phone: _____

Relationship to Student: _____

THE ABOVE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED TO SUPPORT ADA DISABILITY SERVICES AT CENTRAL CAROLINA TECHNICAL COLLEGE. RELEASE OF INFORMATION TO ANY OTHER ENTITY MUST BE DONE IN WRITING.



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Student Signature: _____

Disability Services Information/Medical Documentation Guide

Disability Services Information/Medical Documentation Guide will be used to support academics at Central Carolina Technical College. The student’s medical information will help Disability Services to determine reasonable accommodations in the academic setting.

Please provide the following information as well as a **summary on letterhead from a doctor**, provide information about the learning disabilities and/or mental disabilities should include developmental, medical, psycho-social and family history along with description of evaluation, results, and a dated clinical summary. Send all information Disability Services Coordinator, Central Carolina Technical College, 506 North Guignard Drive, Sumter, SC 29150.

Student’s Name _____

Submit supporting dated documentation on letterhead; prescription pads will not be accepted.

Summarize Diagnosis and Limitations:

- Temporary Disability—beginning date _____ and expected to last until _____
- Permanent Disability:

Explain Diagnosis:

- Primary Disability:

- Secondary disability:

Accommodation:

- Classroom Suggestions:

- Testing Suggestions:

Please explain whether this student present any difficulty in maintaining a safe and constructive classroom environment.

Diagnosing Professional (print) _____ Title/Licenses _____

Diagnosing Professional Signature: _____ Date: _____

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Disability Service Release of Information

The purpose of this release form is to gain permission to disclose/obtain confidential information on a need-to-know basis from or/to any of the designated parties.

I, _____ CCTC# _____,

Hereby authorize Kenya Dennis, Disability Services at CCTC.

to release the information:

___ Verification of disability diagnosis and/or information regarding appropriate academic accommodations for my disability

___ Faculty notification letter (s) identifying my approved academic accommodations and providing information necessary to allow me to access my educational program

___ Other: _____

I am authorizing that the above information be released to:

___ Parent/Guardian (by name) _____

___ Faculty/Staff (by name) _____

___ Administration of Central Carolina Technical college

___ License provider _____

___ High School _____

___ **Agency** _____

___ Other by name _____

___ **DO NOT RELEASE THE FOLLOWING:** _____

I understand this information is needed to provide me with disability accommodations and services. This information is confidential and will not be released without my prior written consent. Exceptions to the privilege of confidentiality allow the disclosure of this information when deemed necessary to protect me or others from imminent physical danger, where child abuse is present, or upon court order.

This authorization shall remain in effect during my enrollment at Central Carolina Technical College or until I revoke it in writing. (Please note any restrictions which applied to this authorization.)

Student signature	Date
Witness signature	Date

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