



Central Carolina Technical College  
 ADA Services  
 Leslie Abraham  
 (803) 778-7871 (o)  
 (803) 778-7866 (f)  
 abrahamlm@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: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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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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** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**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 Leslie Abraham, 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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