



Office for Students with Disabilities  
**APPLICATION FOR SERVICES**

Students Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Major/Interest: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Previously attended KC? Yes NO

Semester you plan to enroll: Fall Spring Summer Year: \_\_\_\_\_

Disability Description: \_\_\_\_\_

Other Secondary Disabilities: \_\_\_\_\_

Current Treating Professional: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List Support You Receive: Grant SSI/SS DRS/TRC TWF Scholarship VA MHMR Other: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Education Experience:**

High School/GED: \_\_\_\_\_ Location: \_\_\_\_\_ Year: \_\_\_\_\_

College Experience: \_\_\_\_\_ Location: \_\_\_\_\_ Year: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

I understand that I must meet with the Counselor of the Office for Student with Disabilities and provide documentation of my disability in order to be eligible to receive accommodation. I certify that the above information is accurate and true to the best of my knowledge. I agree to abide by the college policies and procedures as defined by the Kilgore College Student Handbook.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

# Office for Students with Disabilities

## Important Points Students Need to Remember:

### **Check Off:**

- 1.) Accommodation Letters and when to approach instructors. \_\_\_\_\_
- 2.) Discuss locations and accommodations for testing areas \_\_\_\_\_
- 3.) Students responsibility to sign up on clipboard up front at the beginning of every semester for the accommodation letters. \_\_\_\_\_
- 4.) Several instructors will refuse to sign and that's OK \_\_\_\_\_
- 5.) The instructors will keep a copy. Bring the other copy back for file. \_\_\_\_\_
- 6.) For testing: Call or come by to make appointment before test. Preferably 48 hours before test is to be taken. Also follow rule to cancel. \_\_\_\_\_
- 7.) Ask instructor to send test and passwords to Deborah. \_\_\_\_\_
- 8.) No coats, hats or extra paper, allowed in testing area unless instructor approves. \_\_\_\_\_
- 9.) There are cameras in the testing areas, If a student gets caught cheating he or she can lose testing privileges for the rest of the semester or longer. \_\_\_\_\_
- 10.) Student needs to advocate for themselves. If health or medication changes occur, you need to notify the ODS office so we can assist. \_\_\_\_\_