Academic Building Room 153
1101 Sherman Drive
Utica, NY 13501
Phone: 315-792-5644
Fax: 315-731-5868

Mohawk Valley Community College
Disability Services Office

Student's Self-Report

Personal Information:

Name: _____ M#: _____

Home or Cell Phone: _____ MVCC E-mail Address: _____

Disability Information:

Please describe your disability:

In your own words, describe how your disability affects you in an academic setting:

What do you have the most difficulty with in school?

List the accommodations you are requesting in an academic setting (e.g., test-taking accommodations, books in alternate format, sign-language interpreters):

Does your condition affect you in a residential setting (e.g., residence halls, dining halls, athletic centers)? ☐ Yes ☐ No

If yes, please describe how:

Do you require accommodations in a residential setting (e.g., air conditioning, strobe alarms, wheelchair accessible housing)? ☐ Yes ☐ No

If yes, please describe what:

Do you anticipate using auxiliary aids, assistive technology and/or other services while attending MVCC (e.g., service dog, FM system, wheelchair, adaptive technology)? ☐ Yes ☐ No

If yes, please describe what:

Please list any disability accommodations and/or services that you used in the past that you found helpful:

Were there any accommodations that you found less helpful? Describe them:

Certification:

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at MVCC I must (1) submit this completed form, (2) submit disability documentation that substantiates the requested accommodations, and (3) participate in an intake interview with a Disability Services staff person. My signature authorizes DSO to discuss my documentation with the clinician who authored the documentation, if additional information or clarification is required.

Please check one: Documentation from a licensed professional:

☐ is enclosed ☐ will be sent separately

Student's Signature

Date