



PLEASE COMPLETE ALL PAGES OF THIS APPLICATION

Access-Ability Services

2001 Oriental Boulevard, Brooklyn NY 11235, Suite D205
Tel: 718-368-5175 Fax: 718-368-4782 Email: AAS@kbcc.cuny.edu
Website: www.kbcc.cuny.edu/access-ability

Application for Academic Accommodations

***Please submit completed application and supporting documentation to Access-Ability Services
Processing may take approximately 10 business days***

Section I: Student Information

Name: _____

Date of Birth: _____ Today's date: _____

SS# (last four digits only): XXX-XX-_____ Empl ID _____

Gender (optional): Female Male Other _____

Mailing Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Primary Phone #: _____

Email Address: _____

Section II: Education Information

Major: _____

Student status at Kingsborough Community College (KCC):

- TAKING THE PLACEMENT TEST AT KCC BUT WILL NOT ATTEND KCC
- ENTERING AS A FRESHMAN (First time in college)
- ENTERING AS A TRANSFER STUDENT (Previously attended another college)
- CURRENTLY ATTENDING KCC
- CUNY START STUDENT
- NEW START STUDENT
- NON-DEGREE STUDENT
- E-PERMIT STUDENT

Section III: Disability Related Information

1. Indicate your disability type(s). Check all that apply:

- Learning Disability
- ADD/ADHD
- Autism Spectrum Disorder/Asperger's
- Communication/Speech
- Motor (Neurodevelopmental)
- Blind
- Low Vision/Visual Impairment (other than use of corrective lenses)
- Deaf
- Hard-of-Hearing
- Mental Health (Psychiatric/Psychological)
- Basic Chronic Medical Condition (One medical condition)
- Complex Chronic Medical Condition (Multiple medical conditions)
- Mobility [*What mobility devices, if any, do you use?* _____]
- Orthopedic
- Alcohol/Substance Abuse Recovery
- Traumatic Brain Injury
- Temporary Disability: _____
- Other (Please describe below):

Please answer these questions regarding how your disability impacts how you function in college.

2. Check all that apply:

- I tire easily when I walk distances
- I have a personal care attendant (KCC does not provide personal care attendants)
- I need to read lips of instructors
- I rely on sign-language interpreting/CART services
- I have difficulty reading the board in the classroom
- Other: _____

3. Medication may sometimes impact your functioning in certain areas. If you are currently taking any disability-related medication that you wish to disclose, please list the medications:

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4. Check the tasks that you CAN do and those with which you have difficulty because of your disability:

	Can Do Easily	Difficult
Paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>
Being motivated	<input type="checkbox"/>	<input type="checkbox"/>
Taking notes	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>
Managing time	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>
Putting thoughts into writing	<input type="checkbox"/>	<input type="checkbox"/>
Proofreading	<input type="checkbox"/>	<input type="checkbox"/>
Doing math calculations	<input type="checkbox"/>	<input type="checkbox"/>
Doing math word problems	<input type="checkbox"/>	<input type="checkbox"/>
Following directions	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

5. List the accommodations that you are requesting at KCC:**

**** An answer is required. Please contact AAS if you need help with this question.**

6. If you are a transfer student from another college, please list both the college(s) you attended and the accommodations that you received:

Section IV: Agency Information

Do you receive services from any of the following agencies?

- Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
- Commission for the Blind & Visually Handicapped (CBVH)
- Veterans Administration (VA)

Section V: Policy on Confidentiality

General Rule:

Access-Ability Services is required by law to maintain student confidentiality. All requests for accommodations and all supporting information are considered confidential.

The Family Educational Rights Privacy Act (FERPA) regulates how Access-Ability Services discloses the documentation and records that the office maintains. Under this federal act, the student must provide written consent before Access-Ability Services can release any disability documentation or records.

An Exception to the Rule

Under FERPA, Access-Ability Services is permitted to release information to any school official who has a “legitimate educational interest.”

What does this mean?

Professors or other school officials, such as tutors, may request information about the impact of a student’s disability on their ability to learn. AAS will only share information with other school officials on a “need-to-know” basis. The office will carefully consider the student’s desire for privacy before disclosing any information.

FERPA also allows students to inspect and review their files maintained by AAS. Students have the right to challenge any information contained in the files that is incorrect or misleading and to request an amendment to this misinformation.

Section VI: Signature

I have completed the Application for Accommodations as thoroughly and accurately as possible. I have read and understand Access-Ability Services’ policy on confidentiality.

Student Signature

Date

AAS OFFICE USE ONLY

Application Received by: _____ Date _____
AAS Staff Member

Student Assigned to: _____