

MontanaTech

APPLICATION FOR DISABILITY SERVICES *(Electronic Fill-in Form)*

PLEASE NOTE: All disability information is kept confidential.

Name:(Last) _____ (First) _____ (MI) _____ Student ID #: _____

Street Address: _____ E-mail Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Home Phone: _____

Program/Major: _____

When will disability services need to start?

- Fall
 Spring
 Summer Year: _____

Are you currently a Vocational Rehabilitation client? (optional)

- Yes - - - If yes, who is your counselor? _____
 No

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Health Impairment |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Language Impairment |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Partial Sight | <input type="checkbox"/> Chemical Dependence |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hard-Of-Hearing | |

Please complete the following completely:

1. Describe in your own words the physical or mental impairment that might prevent or hinder successful participation in your college program:

2. _____
(Accommodations will be dependent on the supporting documentation you submit.)

3. _____
Other information you would like us to know:

STUDENT SIGNATURE: _____ DATE: _____

NOTE: Please print this form, sign it and submit it with documentation to a Montana Tech Disability Services Coordinator.