# CNM Disability Resource Center
# Student Information Form

Please Print

First Name: _____ MI:_____ Last Name:_____

Birth Date: _____/_____/_____ Current Age: _____ Student ID#:_____
month day year

Social Security#:_____

Local Residence Address: _____

City, State, Zip: _____

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Other (identify) _____

| Ethnicity: | Race: |
|---|---|
| ☐Hispanic ☐ Non-Hispanic | ☐ American Indian or Alaskan<br>☐ Asian<br>☐ Black or African American<br>☐ Native Hawaiian or Other Pacific Islander<br>☐ White |

Relationship Status:

☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other (specify) _____

Contact Information (check all that apply):

Cell Phone #: _____

Home or Other Phone #: _____

E-mail address: (please be aware that email might not be confidential)

CNM Email: _____

Personal: _____

Emergency Contact Information:

Name:_____ Relationship:_____ Phone:_____

Address:_____

Academic Information:

CNM Major/Program:_____

Where did you attend high school? _____

Did you graduate from high school? Yes ___ No ___ If Yes, year of graduation: _____ If No, highest grade completed: _____

Were you in Special Education? Yes ___ No ___ Do you have your GED? Yes ____ No ____ GED Classes? _____

Are you currently employed?

☐ Yes ☐ On-Campus ☐ Off-Campus ☐ Number of hours worked per week _____

☐ No

Co- or Extra-curricular Activities: (Please list)

Please check all that apply:

1) First in your immediate family to attend college (excluding siblings): ☐ Yes ☐ No

2) Have you ever been in any category of academic difficulty while at CNM: ☐ Yes (check all applicable below) ☐ No
☐ Academic Probation ☐ Academic Suspension ☐ Subject to Dismissal
☐ Course Repeat—which class(s) _____ ☐ Other: (specify) _____

3) Transfer Student ☐ Yes (specify below) ☐ No
Transfer from: _____ ☐ 2 Yr Institution ☐ 4 Yr Institution

4) Veteran ☐ Yes – Branch of Military: _____ Time of Service: _____ ☐ No

Referred by:
☐ Self (see below) ☐ Instructor/Staff ☐ High School ☐ Professional Provider
☐ Family/Friend ☐ Other (specify) _____

Are you receiving any services or help from other disability service providers (check all that apply):

Commission for the Blind (CFB) _____ Division of Vocational Rehabilitation (DVR) _____
Veteran Administration(VA) _____ Other _____

Name of Contact Person: _____, Location: _____, Phone #:_____

| Please Check the Specific Condition/Disability for which you seek accommodations(check all that apply): | |
|---|---|
| ☐ ADD / ADHD | ☐ Developmental Delay |
| ☐ Asperger's Syndrome | ☐ Intellectual Disability |
| ☐ Autism Spectrum Disorder | ☐ Learning Disability |
| ☐ Blind/Visual | ☐ Mental Health |
| ☐ Brain Injury | ☐ Physical /Mobility |
| ☐ Chronic Illness | ☐ Speech/Language Disorder |
| ☐ Cognitive Disability | ☐ Not Sure |
| ☐ Deaf/Hard of Hearing | ☐ Other- please specify:_____ |

| What type of Current Documentation of your disability can you provide? | |
|---|---|
| ☐ Medical | ☐ Audiology (hearing) |
| ☐ Psychiatric/ Psychological | ☐ Optometry (vision) |
| ☐ Psycho educational | ☐ Other- please specify:_____ |

What Services have you used in the **past** to assist you at school?

| | | |
|---|---|---|
| ☐ Adaptive Technology (example: screen reader, voice recognition, etc.) | ☐ Distraction Reduced Environment for Test Taking | ☐ Braille |
| ☐ Books in alternative format | | ☐ Communication Device System/Board |
| ☐ Extended Testing Time | ☐ Interpreter for D/deaf | ☐ Calculator |
| ☐ Computer/ word processing | ☐ FM System | ☐ CCTV |
| ☐ Record lectures | ☐ Note Taker | ☐ Large Print |
| ☐ Soft Chairs in Classrooms | ☐ Other: Please Specify_____ | |

Please list the specific reasonable accommodations you are requesting (could include the above list):

# CNM Disability Resource Center

## Statement of Confidentiality and Services

**Mission Statement: To advocate in partnership with students who have disabilities by providing accommodations that promote an accessible educational environment at CNM.**

We believe that it is important to provide disability services in an atmosphere that respects each student's privacy. The information that you share with Disability Resource Center staff will be held in strict confidence.

Under the Privacy Act we are unable to disclose any information about you without your consent. However, we are required by law to disclose any information in the following situations: when we become aware of child abuse; when an individual clearly presents danger to self or others; or when we are subpoenaed for records or testimony by the courts.

The Individuals with Disabilities Education Act (IDEA) apply to K – 12 schools, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as amended govern colleges and universities. Having an IEP or "504 Plan" in high school does not guarantee that a student will be eligible for disability services in college. While we are committed to providing reasonable and appropriate classroom accommodations for documented disabilities so that students will have an equal opportunity to work toward success, students in curriculum level classes in college will be expected to perform at the college level. Instructors are not expected to compromise essential course requirements.

**I give permission for Disability Resource Center counselors to discuss my educational situation with CNM staff and faculty who have a legitimate educational need to know.**
**I understand and accept the information concerning confidentiality and services outlined above.**

Student Signature: _____ Date: _____
(Sign during the first counselor meeting)

Legal Guardian Signature (please print and sign): _____ Date: _____
(Sign during the first counselor meeting)

Counselor Signature: _____ Date: _____

## Student Responsibilities:

- I will provide Disability Resource Center with the information, documentation and/or forms (medical, educational, etc.) deemed necessary by Disability Resource Center to verify my disability(ies).
- I will meet with Disability Resource Center counselor to complete a Student Accommodation Statement and agree to meet with the counselor at least once a term to review and update the Student Accommodation Statement.
- I will utilize Disability Resource Center in a responsible manner. I understand that Disability Resource Center uses written service provision policies and procedures that must be adhered to for continuation of services.
- I will comply with the Student Code of Conduct adopted by the college.

I understand that I must fulfill the requirements for participation in Disability Resource Center Department. _____.
Initial