

Spartanburg Community College

Disability Services Information Sheet

PLEASE PRINT

Personal Information:

Name: _____ Date: _____

Date of Birth: _____ SSN: _____ SCC ID#: _____

Address: _____

City/State: _____ Zip Code: _____

E-mail: _____

Telephone: (Day) _____ (Evening) _____

Special Interests or Hobbies: _____

Have you registered to vote? Yes _____ No _____, for Selective Service? Yes _____ No _____

Employment:

Currently employed: Yes _____ No _____ If yes, hours per week _____

Type of work: _____

Education Data:

Applied to SCC: Yes _____ No _____ Currently attending SCC: Yes _____ No _____

What jobs or career fields are you considering? _____

What are your education goals at SCC?

___ Take a few courses that interest me

___ Complete a certificate or applied science degree at SCC Major/Program? _____

___ Complete a 2-year transfer degree at SCC

___ Take transfer classes but transfer before completing a degree at SCC Where? _____

___ Improve basic skills in reading, writing, math, etc.

___ Other _____

Disability Information:(Check all that apply)

Blind/Visually Impaired Cerebral Palsy Learning Disability
 Deaf or Hard of Hearing Brain Injury Mobility Impairment
 Speech Impairment Other (Please specify) _____

Please describe how your disability impacts your educational progress: _____

Are you on any medications at the present time? Yes _____ No _____

List: _____

Types of Special Assistance Received:

High School Services Adult Services (Check all that apply):

Speech therapy Vision training or prism lenses
 Certification for books on tape Large Print Textbooks
 Braille Textbooks Medication for ADD or hyperactivity
 Psychotherapy Sign Language Interpreter
 Personal Assistant Other (please specify) _____

Classroom accommodations (check all that apply):

Tape recordings of lectures Extended time on tests
 Having tests read to you Private testing room
 Use of a word processor Other (please specify): _____

Are you a client with any other South Carolina State Agency? Yes _____ No _____

Agency Name _____

(i.e. SC Employment Security Commission (SC-ESC), Department of Vocational Rehabilitation (DVR),
Department of Mental Health (DMH), etc.]

Name of Counselor _____ Telephone _____

I authorize Spartanburg Community College to discuss my special needs with faculty or other professionals as appropriate.

Student Signature _____ Date _____

I understand that SCC cannot assure the security of information sent to e-mail addresses outside the SC network.

Student Signature _____ Date _____

Please deliver or mail this completed form to:

Geraldine Brantley
Coordinator of Student Disability Services
Spartanburg Community College
Post Office Box 4386
Spartanburg, South Carolina 29305