

TODAY'S DATE _____

SEMESTER ENROLLED _____

Office of Accessibility Services

Student Intake Form

Student ID # _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Virginia Peninsula Email: _____

Alternate Email: _____

Curriculum/Major: _____

High School Attended: _____

Year of Graduation: _____

Type of High School Diploma:

Advanced _____

Standard _____

Modified Standard _____

I.E.P. _____

Certificate _____

GED _____

Please check all that apply:

Veteran- Yes ___ No ___

GI Bill- Yes ___ No ___

Vocational Rehab Yes ___ No ___

Dept. of Rehab. Services Yes ___ No ___

History of Foster Care- Yes ___ No ___

Hampton Campus Yes ___ No ___

Historic Triangle Campus Yes ___ No ___

Attended Other College Before: ___ Yes ___ No School: _____

Attended VPCC Before: ___ Yes ___ No Dates: _____

Hobbies: _____

Strengths: _____

Weaknesses: _____

**VIRGINIA
PENINSULA**
COMMUNITY COLLEGE

**Griffin Hall Room 201
Hampton, VA 23666
FAX: 757-825-2873
PHONE: 757-825-2867
osa@vpcc.edu**

AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

I, the undersigned, authorize educational, medical, and other records to Virginia Peninsula Community College for use in counseling and providing accommodations with Virginia Peninsula Community College. I understand I may revoke this authorization at any time in writing.

Print Name: _____

Signature _____

Date: _____

Parent or Guardian if under 18:

Print Name: _____

Signature _____

Date: _____

Emergency Contact:

Name: _____

Address: _____

City: _____

State: _____

Phone: _____

Are you working with any outside agency (DRS, VA, CSB) or individual/or therapist? _____ YES _____ NO

If yes, list their name, phone number, and location:



Commonwealth of Virginia Voter Registration Agency Certification

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)**

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (please fill out the voter registration application form)
- No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with:

**Secretary of the Virginia State Board of Elections
Washington Building
1100 Bank Street
Richmond, VA 23219-3497
(804) 864-8901**

Applicant Name

Signature

Date

for agency use only

Voter Registration form completed: Yes No

Voter Registration form given to applicant for later mailing (at applicant's request): Yes No

Agency Staff Signature

Date

SERVICES FOR STUDENTS WITH DISABILITIES OUTLINE AND AGREEMENT OF PROVISION OF SERVICES

An important component of any post-secondary academic experience is the development of individual growth and independence. Gaining knowledge and skills are important, but acquiring motivation and confidence to use them properly is equally as important. Self-advocacy is critical. Therefore, in order to appropriately accommodate the student with a disability and foster a sense of involvement and independence for the student, the following guidelines summarize the responsibilities of each party.

Disability Support Services Office Responsibilities:

- Determine student eligibility for services
- Authorize appropriate academic accommodations
- Assist/consult with faculty, student, and staff (regarding accommodations, questions, or concerns, and general disability information)
- Provide letters of accommodation each semester as requested

Student Responsibilities:

- Register with Office of Accessibility Services
- Provide current documentation of disability
- Provide schedule to Office of Accessibility Services for accommodation letters each semester
- Review accommodation forms with faculty and have them sign
- Discuss accommodations with faculty
- Inform DSS of any problems or concerns throughout the semester
- Sign release of information as needed to coordinate services

Faculty Responsibilities:

- Respect students' right to privacy and confidentiality
- Review accommodation forms with students. Contact Office of Accessibility Services if they have any concerns about requested accommodations
- Provide accommodations, as agreed to on forms

I have read and understand, and am in agreement with the services outlined in this document.

Signature of Student

Counselor for Office of Accessibility Services

Date

Date

Signature of Parent or Guardian (If student is under 18)

VIRGINIA PENINSULA COMMUNITY COLLEGE

Instructions for Accommodation Letters

1. Make arrangements with us **each** semester to pick-up or have your letters emailed to you. The letter will state that you are a student with a disability & the accommodations you are to receive.
2. Please email or provide a copy of your class schedule to Office of Accessibility Services 2 weeks before the start of each semester in order to obtain your accommodation letters.
3. Review the Accommodation Letters with your professors. This is the official communication with your instructors notifying them that you are eligible to receive accommodations at Virginia Peninsula Community College.
4. Both of you will sign the form, indicating agreement. **Please return the a signed copy** to Office of Accessibility Services at **osa@vpcc.edu**. **Your instructor shall also keep a copy.**

** By law, you do not have to tell your instructor the nature of your disability, but, you can if you choose to do so.*

Accommodations begin only at the time you give the letter to faculty. If you forget, or choose to wait, accommodations may not be provided for anything which occurred before faculty received the accommodations letter. Please contact Office of Accessibility Services with any questions or concerns at osa@vpcc.edu .

Doreen Dougherty, Interim Retention Coach, Administrative Office Specialist, Care Team Support Coordinator, Office of Accessibility Services: doughertyd@vpcc.edu, (757) 825-2782 or (757) 825-2867

Opal Nichols, Assistive Technologist: nicholso@vpcc.edu, (757) 825-3510

Faye Draughon, Retention and Office of Accessibility Services Office Specialist: draughonf@vpcc.edu, (757) 825-3453