

Application to Initiate Services

The College of Idaho Learning Support and Disability Services Department

Name _____ Date _____

School Address _____ ID# _____

Local or Cell # (_____) ____ - _____ Age _____ DOB _____ M or F

Latest C of I or previous school GPA _____ Class Standing Fr So Jr Sr

Major _____ Advisor _____

Have you ever been tutored? Yes No If yes, which subjects _____

Referred by _____ Reason for Referral _____

Circle which is applicable: Physical Disability Learning Disability Psychological Disability

Please describe your disability _____

In the past, have you required any accommodations? (circle one) Yes No

If yes, please describe such accommodations _____

Release of Information for College of Idaho campus

I have truthfully completed the information contained in this application to the best of my ability. I understand that this information will be used as part of an assessment of my intellectual, psychological, and physical abilities. I understand that by requesting disability support services I am not guaranteed an accommodation or that this process will result in the diagnosis of a disability. I understand I must request specific accommodation(s) for each of my classes and supply the Learning Support and Disability Services Department with information about my classes and professors each semester. Accommodations will be determined by the Director of Learning Support and Disability Services in collaboration with the student and professors, and after consideration of documentation and of my individual needs. **I authorize the Director of the Learning Support and Disability Services Department to disclose appropriate information with those on campus who have a legitimate safety and educational need to know.** I also authorize those individuals to relate to the Director of Learning Support and Disability Services of my progress through their services.

Signature _____ Date _____

Witness (please print name) _____ Witness signature _____ Date _____

Learning Support and Disability Services adheres to the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA)