

COMMUNITY COLLEGE OF ALLEGHENY COUNTY



Supportive Services

Allegheny Campus
808 Ridge Avenue
Pittsburgh, PA 15212
Ph: 412.237.4612
Fax: 412.237.2721

Supportive Services

Boyce Campus
595 Beatty Road
Monroeville, PA 15146
Ph: 724.325.6604
Fax: 724.325.6733

Supportive Services

North Campus
8701 Perry Highway
Pittsburgh, PA 15237
Ph: 412.369.3686
Fax: 412.369.3661

Supportive Services

South Campus
1750 Clairton Rd
West Mifflin, PA 15122
Ph: 412.469.6215
Fax: 412.469.6357

INTERVIEW FORM

Student Name: _____ ID#: _____

Birth Date: _____ Mobile Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Have you ever been tested for a Learning Difference (LD)? Yes No

Are you transferring from another college or university? Yes No

OVR Counselor: _____ Needs referral

SELF-ASSESSMENT

So that we may best understand your needs, please indicate the disability area(s) for which you are requesting accommodations:

- | | | | |
|--------------------------|--|--------------------------|----------------------------|
| <input type="checkbox"/> | ADHD (hyperactive/impulsive, inattentive, combined type) | <input type="checkbox"/> | Hearing Impairment |
| <input type="checkbox"/> | Autism Spectrum Disorder | <input type="checkbox"/> | Medical |
| <input type="checkbox"/> | Blind/Visual Impairment | <input type="checkbox"/> | Psychological/Emotional |
| <input type="checkbox"/> | Brain Injury (Acquired or Traumatic) | <input type="checkbox"/> | Speech/Language Impairment |
| <input type="checkbox"/> | Deaf | <input type="checkbox"/> | Temporary |

Describe how your disability effects your ability to function in:

Academic Setting:

Social/Personal Settings:

Employment Setting:

Disability Information: Please indicate which tasks you feel are a problem. There are no right or wrong answers. Your answers help us determine which supports are most appropriate for you:

- Paying attention in class
- Taking notes
- Time management
- Understanding what you read
- Following directions
- Finishing tests or exams on time
- Proofreading essays
- Asking for help

- Completing assignments on-time
- Reading at a good pace
- Spelling
- Solving math problems
- Putting thoughts into writing
- Memorizing information
- Getting/Staying Motivated

Accommodation History: If you have a disability and have ever used accommodations and/or auxiliary aids/services in high school or at another institution, please indicate the type below.

- Accessible furniture
- FM System/ classroom amplification device
- Accessible transportation
- Note-taking assistance
- Alternative text-book format (e-text)
- Reader for quizzes/exams
- Audio recording of lectures
- Scribe for exams/quizzes
- Other assistive technology devices (please List)

- Oral language interpreters
- CART for classroom notes
- Smart Pen/LiveScribe
- Distraction reduced environment for exams
- Enlarged font
- Use of spell-checker
- Extended time for exams/quizzes
- Captioned films and videos

Requested Accommodations: Please list the accommodations and/or auxiliary aids/services you might need to pursue your academic career at CCAC.

Please note that an appropriate accommodation plan will be developed based on data collected from diagnostic reports and/or information gathered during the initial interview process. Appropriate accommodations are determined by the Office of Supportive Services and may or may not be reflective of past accommodations.

By signing below, I understand the information submitted to Disability Services is confidential and will not be placed in my academic record. I understand that it is my responsibility to review the OSS Student Handbook. I am aware of the availability of OSS Student Handbook on-line and have the right to request a hardcopy at any time.

Student Signature: _____ **Date:** _____

The Community College of Allegheny County adheres to Title V, Section 504 of the Rehabilitation Act of 1973 and the guidelines of the Americans with Disabilities Act (ADA).

