

## Checklist for Receiving Accommodations as a Dual Credit Student at Weatherford College

All forms are available from your high school counselor or by request. Email [accommodations@wc.edu](mailto:accommodations@wc.edu) to request a form

- Complete the Application for Services**
- Complete the Reasonable Accommodation Request Form.**
- Attach your current FIE or 504 accommodations, including the disability for which you receive accommodations**
- Return all paperwork to Dawn Kahlden, Director of Office of Disabilities at WC. You may email it to [accommodations@wc.edu](mailto:accommodations@wc.edu).**

Paperwork will be reviewed to determine appropriate accommodations for the course(s) in which you are enrolled and the approved accommodations will be shared via email with you, your counselor and your instructors. It is important that you check your college email to see the approved accommodations. We like to have this done before the class starts, if possible, but understand that doesn't always happen. The preferred deadline for ADA accommodations is the third week of instruction.

You **MUST** renew your accommodations **EACH** semester by completing only the Reasonable Accommodation Request Form. You can send it directly to [accommodations@wc.edu](mailto:accommodations@wc.edu) once you enroll in your courses. We do this because your accommodations may change as your courses change.

If you have any questions, please do not hesitate to contact our office at 817-598-6350 or 817-598-8923.

Dawn Kahlden, M.Ed.  
Director, Office of Disabilities

**Application for Dual Credit Services**Year Applying: \_\_\_\_\_  Fall  Spring High School: \_\_\_\_\_ 504 Counselor: \_\_\_\_\_**Student Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

WC Email: \_\_\_\_\_@wcstudents.wc.edu Personal Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F WC Student ID: \_\_\_\_\_

Address Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Disability Information** (Check all that apply to you)

- |   |  |
|---|--|
| <input type="checkbox"/> Blind/Visual Impairment  | <input type="checkbox"/> Deaf/Hard of Hearing                            |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Speech Impairment                               |
| <input type="checkbox"/> Mental Health/Psychological/Psychiatric  | <input type="checkbox"/> Chronic/Medical Illness                         |
| <input type="checkbox"/> Mobility Impairment  | <input type="checkbox"/> Neurological/Neurodevelopment (Autism Spectrum) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) |  |
| <input type="checkbox"/> Other: <i>Please specify</i>   |  |

Please describe how your disability affects your academic life or major life functions: \_\_\_\_\_

**Assurances** Please check each statement in accordance with the policies and procedures of the Office of Disabilities

- |  |
|--|
| <input type="checkbox"/> I understand this application and documentation of my disability must be submitted to the Office of Disabilities in order to process my Request for Accommodations. |
| <input type="checkbox"/> The information submitted to the Office of Disabilities is confidential.  |
| <input type="checkbox"/> The information submitted the Office of Disabilities WILL NOT be placed in my academic records.   |

\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date

## Reasonable Accommodation Request Form—Dual Credit

**Remember you must request new accommodations at the start of each semester.**

You must also use this form to submit new, reasonable accommodations. Our office will create your accommodation forms within 48 business hours of receipt of this form.

DATE: \_\_\_\_\_ SEMESTER ACCOMMODATIONS NEEDED: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ 504/ARD Counselor's email: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_

Student ID: \_\_\_\_\_

Please check the box next to the accommodations you would like to *request* for your classes this semester.

***\*\*Requested accommodations will be reviewed and approved by the Office of Disabilities\*\****

- |  |   |
|--|---|
| <input type="checkbox"/> Preferential Seating ( <input type="checkbox"/> front <input type="checkbox"/> by door <input type="checkbox"/> back of room)     | <input type="checkbox"/> Extra Time for Tests (1.5x)          |
| <input type="checkbox"/> Oral Tests  | <input type="checkbox"/> Scribe for Tests                     |
| <input type="checkbox"/> Test Administered in Private Room   | <input type="checkbox"/> Use of assistive technology in class |
| <input type="checkbox"/> Other: <i>Please explain, but remember they must be considered reasonable under ADA guidelines for the documented disability.</i> |   |

### **DUAL CREDIT FACE-TO-FACE AND ONLINE COURSES:**

We will email the accommodation form to your WC student email, the high school counselor and each instructor. You are responsible for making sure they are correct. Please contact us if they are not or you have questions.

Reasonable accommodations are effective upon receipt by your instructor, and are not retroactive. This form must be turned in at the beginning of each semester.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date