OGDEN-WEBER TECHNICAL COLLEGE

Services for Students with Disabilities

OFFICE USE ONLY

Received _____

Intake _____

Pre-Registration Form

This form is required for new and current students to establish eligibility for accommodations under the Americans with Disabilities Act and other applicable laws and regulations.

The information provided will be used as a starting point for determining appropriate accommodations and to facilitate the accommodation process.

Name: _____

Program: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Identify any disability for which you may require an accommodation:

_____

_____

_____

Please indicate how this disability was originally diagnosed (if no professional diagnosis has been made, indicate anyone who suggested you might have the above disability or referred you to services for students with disabilities):

- ☐ Psychologist/Psychiatrist
- ☐ College Instructor/Advisor (OTECH or other)
- ☐ Social Worker
- ☐ Guidance Counselor (K-12 School)
- ☐ Medical Doctor
- ☐ Parent or Other Relative
- ☐ Rehabilitation Services (Vocational Rehabilitation)
- ☐ Therapist
- ☐ Self-Diagnosed/Determined
- ☐ Other (please specify) _____

Please describe any limitations or barriers you have experienced (or anticipate) related to the above disability; if possible, focus on issues related to your academic needs. (Examples: I cannot complete some exams in the time allowed, or I cannot see well enough to read a textbook.)

The College cannot authorize an accommodation unless it is supported by documentation from a qualified source. Do you have access to any official records that confirm the diagnosed disability and/or limitations as indicated above?

☐ YES ☐ NO ☐ NOT SURE

Identify any accommodations or services which will best enable you, as a student, to overcome the limitation(s) indicated above. (Examples: Audio textbooks or Sign Language interpreters for all lectures.)

☐ I authorize OTECH to share my accommodation letter with program coordinator and relevant staff on a need-to-know basis to implement my accommodations.

Student Signature: _____ Date: _____

Please complete this form and bring it with you when you make an appointment with your ADA Coordinator.

Appointments can be made by calling 801-627-8300 or email ada@otech.edu.