

\_\_\_\_ Initial  
\_\_\_\_ Change

**PASCO-HERNANDO COMMUNITY COLLEGE  
SELF IDENTIFICATION & AUTHORIZATION FORM  
FOR STUDENTS WITH DISABILITIES**

<b>HOME CAMPUS</b> ____ East Campus ____ North Campus ____ West Campus
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**NAME:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**PROGRAM OF STUDY (check one):** \_\_\_\_ AA; \_\_\_\_ AS in \_\_\_\_\_; **Other** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_

**\* NATURE OF PRIMARY DISABILITY** \_\_\_\_\_

**If you have a disability, you may be eligible for Auxiliary Learning Aid(s) (ALA) assistance/services. To receive ALA services/assistance, however, appropriate verification of the current disability must be on file with the PHCC Office of Disabilities Services.** In addition, you are asked to provide more specific information by completing the remainder of this form. Letters of verification can be from individuals such as attending physicians, learning disabilities specialists, counselors from the Division of Blind Services, the Office of Vocational Rehabilitation, and the Veterans Administration. **(Attach verification to this completed form.)**

**AUXILIARY LEARNING AID(S) REQUESTED:**

As a student with a disability, **are you in need of specific equipment** to assist you in continuing your education?  
\_\_\_\_ YES \_\_\_\_ NO. If YES, please specify:

\_\_\_\_\_  
\_\_\_\_\_

As a student with a disability, **are you in need of specialized staff assistance** in order to enable you to continue your education? \_\_\_\_ YES \_\_\_\_ NO. If YES, briefly explain the type and extent:

\_\_\_\_\_  
\_\_\_\_\_

Agencies of which you are a client (e.g., Division of Blind Services, Office of Vocational Rehabilitation, Veterans Administration, School District, Physician, Psychologist): (Attach additional pages as required.)

- Agency Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Counselor's Name: \_\_\_\_\_ Comments: \_\_\_\_\_  
Address: \_\_\_\_\_
- Agency Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Counselor's Name: \_\_\_\_\_ Comments: \_\_\_\_\_  
Address: \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION:**

The Auxiliary learning aid assistance I requested is not available to me from any state or federal program responsible for such assistance, and if currently a client of another agency, I will inform the Coordinator of Disabilities Services or the Assistant Dean of Student Services if my financial benefits for auxiliary aids are changed. I will contact other appropriate agency/agencies for possible sponsorship, and I will inform the Coordinator of Disabilities Services or the Assistant Dean of Student Services of the results of the contacts. I authorize PHCC to refer me to other appropriate agencies.

I give permission for the Coordinator of Disabilities Services, the Vice President, an Advisor, and/or Assistant Dean of Student Services to share with members of the administration, faculty, and/or advising staff any diagnostic and/or instructional information about me for the purpose of assisting me in my studies and coursework. I also give permission for the staff to release information to outside agencies of which I am a client.

\_\_\_\_\_  
Student's Signature Date Coordinator of Disabilities Services' Signature Date

**\* NOTE: See reverse side for descriptions of disabilities. Please indicate (P) on the reverse for primary disability.**

**ORIGINAL:** Student Record

**COPIES:** Student  
Coordinator of Disabilities Services  
Assistant Dean of Student Services (East and North Campuses only)

# NATURE OF DISABILITY

In order to provide services to students with disabilities, the College is asking for voluntary self-identification of students with a specific disability. This information will be kept confidential and will be used for the purpose of aiding you, the student, to achieve your fullest potential while enrolled at PHCC.

Please indicate below whether you have one or more of the following disabilities that may require adaptation to the school environment or curriculum. (In the case of multiple disabilities, please indicate with a "P" for primary disability).

- ( ) **Hearing Impairment** - A hearing loss of 30 decibels or greater, pure tone average of 500, 1000, 2000 Hz, ANSI, unaided, in the better ear. Examples include, but are not limited to the following: conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone hearing loss or deafness, acoustic trauma hearing loss, or deafness.
- ( ) **Visual Impairment** - Disorders in the structure and function of the eye as manifested by at least one of the following: 1) visual acuity of 20/70 or less in the better eye after the best possible correction; 2) a peripheral field so constricted that it affects one's ability to function in an educational setting; 3) a progressive loss of vision that may affect one's ability to function in an educational setting. Examples include, but are not limited to, the following: cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.
- ( ) **Physical Impairment** - (Musculoskeletal and connective tissue disorders, neuromuscular disorders) Physically disabling conditions that may require an adaptation to one's school environment or curriculum. Examples include but are not limited to the following: cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm (CVA), or head injury and spinal cord injury.
- ( ) **Speech Impairment** - Disorders of language, articulation, fluency, or voice that interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include but are not limited to the following: cleft lip and/or palate with speech impairment, stammering, stuttering, laryngectomy, or aphasia.
- ( ) **Specific Learning Disabilities** - A disorder in one or more of the basic psychological or neurological processes involved in understanding or in using spoken or written language. Disorders may be manifested in listening, thinking, reading, writing, spelling, or performing arithmetic calculations. Examples include dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological process. Such disorders do not include learning problems that are due primarily to visual, hearing, or motor handicaps; to mental retardation; to emotional disturbance; or to an environmental deprivation.
- ( ) **Other Health Impairments** - Please specify: alcoholism, diabetes, drug addiction, heart disease, HIV disease, tuberculosis, or other (be specific).

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- ( ) **Emotional/Psychological** - Please specify:

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- ( ) **Unspecified** - Please specify any condition that requires an administrative or academic adjustment, such as class schedule, parking, and course adjustment and does not fit into any of the above categories.

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