Mesabi Range Community and Technical College
DISABILITY SERVICES APPLICATION and PROFILE

There is a <u>minimum two week</u> accommodation process. Complete this form with the required documentation of disability to:

Lindsay Grott, Disabilities Coordinator
Mesabi Range Community and Technical College
1001 West Chestnut Street
Virginia, MN 55792

Telephone: (218) 749-0319
e-mail: l.grott@mr.mnscu.edu
TTY: (218) 749-7783
MN Toll-free: 1-800-657-3860

DATE:_____ Entry Semester and Year_____

Name:

_____

Last **First** **M**

Address:

_____

Street **City** **State** **Zip**

Telephone # : _____Cell Phone # : _____

Social Security/ID #/: _____Program: _____

Disability:

_____

What kinds of assistance did you receive in high school or at other colleges? _____

_____

Please describe in your own words how your disability has affected you: _____

_____

_____

Please indicate the name of the agency, health representative, or other individual with whom you are working (for example, Medical Doctor, Vocational Rehabilitation Counselor, Psychologist/Psychiatrist, or Area Education Agency) **<u>and address if possible</u>**: _____

_____

_____

Accommodations

- ❑ Note taking
- ❑ Test Scribe
- ❑ Scribe
- ❑ Test Reader
- ❑ Audio Tape
- ❑ Captioned Video
- ❑ Extended Test Time
- ❑ Extended class time
- ❑ Alternate Test Site
- ❑ Books on CD/Tape
- ❑ Reader
- ❑ Assistive Technology _____
- ❑ Adaptive Furniture_____
- ❑ Interpreter
- ❑ Enlarged Copy Print Magnifier/CCTV
- ❑ Braille
- ❑ Priority Advising / Registration
- ❑ Lab Assistant
- ❑ Special Seat Location
- ❑ Other _____

Student Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

An equal opportunity educator/employer

This form can be provided in alternative formats upon request, by contacting the Disability Coordinator above.