



DISABILITY SERVICES OFFICE

Application for Services

****PLEASE COMPLETE****

Date of Application _____

Name _____ Student ID _____

Address _____ City _____ State _____ ZIP _____

Phone number you can be reached at _____ Birthdate _____

Email you usually use _____

When do you plan to start at DCTC? Fall Spring Summer What year? _____

What program do you plan to pursue? _____

****INDICATE YOUR DISABILITY****

Check as many as apply to you

___ ADD/ADHD

___ Blind/Visually Impaired

___ Deaf/Hard of Hearing

___ Learning Disability

___ TBI/Acquired Brain Injury

___ Mobility/Orthopaedic

___ Systemic

___ Psychological

___ Autism Spectrum/ PDD

Diagnosis as stated in documentation: _____

Describe how your disability impacts your learning: _____

****Appropriate current documentation of your disability MUST be included with this application to qualify for services.****

When completed application for services and appropriate current documentation have been received by the Disability Services Office, you will be contacted to set up an appointment to open a file and discuss accommodations.

When completed, return to: DCTC Disability Services, 1300 145th St E, Rosemount, MN 55068

Dakota County Technical College is an Equal Opportunity Educator/Employer.

This document is available in alternative formats to individuals with disabilities by calling 651.423.8469