Accessibility Resource Center Registration

Demographic Data

Last Name: _______________________________ First Name: _______________________________ Middle Initial: _______

CSUC ID #: ___________________________ Date of Birth: __/__/______ Preferred Phone #: __________________________

E-mail: __________________________________________________

May we leave a detailed message disclosing that we are calling from the ARC? □ Yes □ No

Student Status *(Please check all that apply).*

☐ Continuing Chico State Student

☐ First Semester Freshmen - When? ______________________________

☐ First Semester Transfer – From where? _________________________

☐ PATH Scholar (Foster Youth)

☐ Enrolled in Open University/Regional Continued Ed.

☐ Dreamer student

☐ Receives Financial Aid

☐ International Student or ALCI

☐ Registered with Educational Opportunity Program (EOP)/SSS/TRIO

☐ A Military Veteran (including Veteran tuition benefits)

☐ Client of Department of Rehabilitation? Counselor’s name/office: ________________________________________________

Chico State Major: _______________________________ ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Disability Information

Note: Documentation of your disability is required in order to receive services. Please submit disability documentation with this application form. See guidelines for documentation of specific disability categories.

Medications? (optional) ☐ No ☐ Yes

Please check all that apply.

☐ Blind or Low Vision

☐ Service Dog User

☐ Attention Deficit/Hyperactivity Disorder (AD/HD)

☐ Communication Disability

☐ Psychological or Psychiatric Disability

☐ Deaf and Hard of Hearing

☐ Autism Spectrum Disorder

☐ Chronic Health Condition/ Other Functional limitations please specify: ________________________________

☐ Learning Disability

☐ Wheelchair/Scooter user

☐ Acquired Brain Injury

☐ Mobility Disability

ARC Registration 6/2018
Support Services and Accommodations
Services are individualized based on functional limitations and requirements of the specific course/instruction. Services are subject to approval by Accessibility Resource Center.

Please check services you are interested in learning about or that you would like to request using at Chico State.

- Priority Registration
- In-Class Educational Assistant
- Specialized furniture
- Instructional Materials in Alternate Format
- Note taker
- Audio Recording of Lectures
- Academic Coaching
- Referral to Office of Accessible Technology and Services (OATS): Appointment Scheduled: ______________

- Exam Services: 1.5 2.0 Other: ______________
- Distraction-Reduced Environment
- Scribe
- Cart Services
- Real Time Captioning Services
- Sign Language Interpreter Services

Other Services or issues: ____________________________________________________________________

Confidentiality Statement

Please read, sign and date the following confidentiality and disclosure statement:

I understand that disability related information I provide to Accessibility Resource Center at Chico State is confidential and can only be disclosed at my request except when:

1. The ARC staff advises university faculty and staff on how to implement a reasonable accommodation I have requested and that I am eligible to use.
2. The ARC staff consults with university faculty and staff, on a need to know basis, in the event a health and safety issue occurs related to or which affects my disability.
3. I have received a copy of ARC Student Rights, Responsibilities & Dispute Resolution.
4. I have been informed of Emergency Preparedness, including evacuation, for persons with disabilities.

Student Name: ___________________________________ Today’s Date: ____/____/_______

Signature: _______________________________________

ARC USE ONLY

Eligibility Determination:

Student has a disability(ies): ☐ Yes ☐ No
☐ Appropriate documentation received/reviewed: Date: __________ Source: __________________________
☐ Disability is “Obvious and Apparent”
Specify disability(ies): __________________________________________
☐ Disability Results in substantial limitation to a major life activity
☐ Requires academic accommodations at Chico State

Interim Approval Until: _____________________
Notes: _______________________________________________________________________________________

Staff Signature: __________________________ Date: ____/____/______