

DEMOGRAPHIC DATA

Date _____ Are you a current BCC student? Yes No

Name _____ Birthdate _____

Preferred Name _____ Pronouns _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ BCC Email _____ Personal Email _____

EMERGENCY CONTACT

Name _____

Relationship _____ Phone _____

AGENCY AFFILIATION

If applicable, please select the name of the agency with whom you are working and give the name of your counselor or case worker.

College Internship Program (CIP) _____

Department of Developmental Services (DDS) _____

Massachusetts Rehabilitation Commission (MRC) _____

Other _____

DISABILITY INFORMATION

Type of Disability:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability (LD) | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Intellectual Disability (ID) | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Physical/Medical |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder (ADHD or ADD) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychiatric | |

PREVIOUS DISABILITY SUPPORT SERVICES

Have you ever received disability support services or special education services in a previous academic setting? Yes No

CURRENT DISABILITY INFORMATION

Approximate age of diagnosis: _____

Describe how your disability currently impacts your learning or other major life activity. Please be thorough.

What services are you requesting from BCC? Please be specific.

Additional information you may wish to share.

PRIVACY NOTIFICATION

The Disability Resource Center respects your right to privacy and protects the confidentiality of your disability-related documentation. We are legally bound by the Family Educational and Privacy Act (FERPA) and as such, we do not share your files or specific information about your disability, unless there is a specific need to know.

Some examples of “need to know” include the following:

- We may need to release or share information with a college administrator if we are concerned about your health and safety or the health and safety of others.
- We may need to release your records if you file a grievance with the College or if we receive a subpoena from the courts.
- Sometimes, we may need to disclose information about the specific nature of your disability with your professors, tutors, success coach, or advisor in order to identify an effective accommodation, learning strategy, or support service, and/or to advocate on your behalf.

The College will only share your disability-related information using the level of “need to know” to support your academic experience, safety related matters or by legal mandate.

Your degree and transcript will not reflect your affiliation with our office or any accommodations you receive.

I have read and understand the DRC confidentiality statement.* Yes No

NOTICE OF GRIEVANCE

If you are not satisfied with the services you receive, you have the right to file a formal grievance by sending your request in writing to the Dean of Students Office or to the Vice President of Student Affairs and Enrollment Services.

Berkshire Community College is an affirmative action/equal opportunity employer and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin in its education programs or employment. All inquiries concerning application of the above should be directed to the Affirmative Action Officer and Coordinator of Title IX and Section 504.

GENERAL DATA PROTECTION REGULATION (GDPR) CONSENT

I understand that the information provided by me is subject to BCC's Privacy Policy. Yes No