

MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE

STUDENT SUPPORT FORM

Our staff invites you to share information about any health condition, disability, or situation that could affect your education. This form assists us about your needs and potential accommodations to plan for. You are not required to give this information in order to be enrolled at Minnesota West and will not prevent you from receiving services at a later date if you choose the no services option. All information will be kept confidential. We look forward to working with you as you begin your program at Minnesota West.

Name _____ Star ID or Student ID # _____

Address _____ City/State/Zip _____

Email _____ Phone _____

Program _____ Start Date _____

Disability Services – Yes, I wish to request accommodations to enable me to participate in school. I understand that I must provide documentation of my disability and will allow enough time for the college to respond to my accommodation request.

Examples of accommodations for disabilities:

- Audio Testing/Textbooks
- Tutoring
- Interpreter for students who are deaf or hard of hearing
- Physical accessibility to classrooms, labs, etc.
- Testing accommodations

Extra Help Only – I do not have a disability, but would like to talk to someone about extra help support services such as tutoring, study skills or computer assistance. I will contact the Library and Academic Resource Center (LARC) staff to discuss my concerns or to schedule an appointment.

Single parent, displaced homemaker or single pregnant woman - Contact Student Service Advisor concerning services and support.

Student of diversity

I will not need any services at this time

Do you have any health problems that may result in an emergency that we should know about?

No Yes If yes, please describe your health problem: _____

I understand that the information on this form is voluntary and confidential and is to be used only for planning support services for me. I give the college permission to call or write me concerning these services.

Signature _____ Date _____

RETURN FORM TO STUDENT SERVICES AT:

| | | | | | |
|---|---|---|--|---|--|
| Canby Campus 1011 First St West Canby, MN 56220 | Granite Falls Campus 1593 11 th Avenue Granite Falls, MN 56241 | Jackson Campus PO Box 169 Jackson, MN 56143 | Luverne Center 311 N Spring St Luverne, MN 56156 | Pipestone Campus PO Box 250 Pipestone, MN 56164 | Worthington Campus 1450 Collegeway Worthington, MN 56187 |
|---|---|---|--|---|--|