



Disability Disclosure & Intake Form

Please reach out if you have any questions about how to complete this form. Appropriate disability documentation may be submitted with this form or separately to:

ATTN: Reid Temple Bible College
11400 Glenn Dale Boulevard
Administrative Office (Room 1070)
Glenn Dale, Maryland 20769
Phone: (301) 352-0320, ext. 720

Full Name: _____

Best Phone: _____

Home Address: _____

Email: _____

Date of Birth: _____

I am an enrolled student at Reid Temple Bible College. ☐ Yes ☐ No

If no, for which semester do you plan to attend RTBC? ☐ Fall 2019 ☐ Spring 2020

In which program do you plan to enroll?

Program:

☐ Associate of Arts Degree in Ministry

☐ Biblical Studies Certificate

☐ General Studies Certificate

☐ Ministry Certificate

I have a diagnosed disability for which I can provide supporting documentation.

☐ Yes ☐ No

■ If yes, please check all that apply.

☐ Learning Disability

☐ Blind/ Visually impaired

☐ ADHD

☐ Traumatic Brain Injury

☐ Mobility Impairment

☐ Deaf/Hearing impairment

☐ Chronic Health Condition

☐ Autism Spectrum Disorder

☐ Mental Health Impairment

☐ Other: _____

■ If no, please explain:

When where you diagnosed?

___ K-2 grade

___ 3-5 grade

___ 6-8 grade

___ 9-12 grade

___ After high school

How does your disability affect you in an academic setting?

Please describe any treatments or medications that may impact requested accommodations:

Have you ever received academic accommodations? ___ Yes ___ No (If yes, please check all that apply.)

Classroom:

___ Record Lectures

___ Note Taker

___ Interpreter/ CART

___ FM System

___ Preferential Seating

___ Captioning

___ Other: _____

Testing:

___ Extended testing time

___ Large Print

___ Reader/Scribe

___ Distraction reduced environment

___ Other: _____

Assistive Technology:

___ Alternate form of textbooks ___ Specialized software: _____

___ Specialized hardware or device: _____

___ Other: _____

If different from above, what accommodations are you requesting (if determined eligible under Reid Temple Bible College (RTBC) guidelines)?

Optional: Please specify below, by name & relationship, the individual(s) you will allow the Disability Services Office to speak with (such as parents, legal representative, guardian, etc.) on your behalf regarding your academic standing. This consent will remain active for subsequent semesters in which you are enrolled at Reid Temple Bible College (RTBC). This authorization can be revoked at any time by written notice to the Chief Academic Officer (CAO).

Full Name	Relationship	Phone Number

The DSO will make every effort to serve your individual needs. In doing so, our office may need to make arrangements for your academic experiences on campus. This may require limited disclosure of your information in order to facilitate your needs.

Please sign and date below: I authorize the CAO to disclose information about me to RTBC staff and faculty, as needed, in order to arrange my accommodations. I also give my permission to the CAO to discuss my academic standing with the individuals who I have specified above.

Student Signature: _____

Date: _____

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