



Thank you for registering with Kids and Teens@Heartland!

Student Access and Accommodation Services (SAAS) works with families to provide reasonable accommodations to support students, while at Heartland community College.

To request accommodations, please review the following:

1. Complete the Intake Form
2. Send the completed Intake Form to SAAS via:
  - a. Fax: 309.268.7877
  - b. Email: [accommodations@heartland.edu](mailto:accommodations@heartland.edu)
  - c. **Preferred submission of intake form a minimum of two weeks in advance to ensure accommodations are in place prior to the start of class.**
3. SAAS will review the request for accommodations and follow up with parent/guardian to discuss requested accommodations via best method of contact listed
  - a. If supporting documentation is required, families will be notified
  - b. **Please ensure contact information is accurate as we will follow up once reviewed**
4. SAAS will share approved accommodations with Heartland Instructors

Please feel free to reach SAAS for any accommodation questions or concerns at [accommodations@heartland.edu](mailto:accommodations@heartland.edu) or 309.268.8259

Christina Steider  
Coordinator, Student Access and Accommodation Services  
[Christina.Junior@heartland.edu](mailto:Christina.Junior@heartland.edu)  
309-268-8259

Proceed to next page to complete form.

Date Received: \_\_\_\_\_

# SAAS Intake Form

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## STUDENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

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## DIAGNOSTIC BACKGROUND

What is the student's diagnosis/disability?

\_\_\_\_\_

Describe the impact of the diagnosis/disability and how it affects the performance of the individual.

\_\_\_\_\_

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## ACCOMMODATIONS

What accommodations would you like to request? \*Disclaimer-All requests will be reviewed, and a follow-up call will be made to discuss the accommodations requested prior to the start of class. Delayed request may result in delayed accommodations being put in place.\*

\_\_\_\_\_

List any personal assistive technology you would like to request the use of while on HCC campus?

\_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION\*

In the case of a medical situation due to a(n) \_\_\_\_\_ condition, the best way to assist the student is:

\_\_\_\_\_

Length of time to wait before calling an ambulance: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

***\*Information provided is with my expressed permission. I am aware of the contents and agree to it being released confidentially to campus public safety and instructors in whose class's students are registered.***



**COURSE INFORMATION**

HCC Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Instructor (if available): \_\_\_\_\_ End Date: \_\_\_\_\_

HCC Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Instructor (if available): \_\_\_\_\_ End Date: \_\_\_\_\_

HCC Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Instructor (if available): \_\_\_\_\_ End Date: \_\_\_\_\_

HCC Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Instructor (if available): \_\_\_\_\_ End Date: \_\_\_\_\_

HCC Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Instructor (if available): \_\_\_\_\_ End Date: \_\_\_\_\_

HCC Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

Instructor (if available): \_\_\_\_\_ End Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Best method of contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Best method of contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***I certify that all the information on this form is true and correct to the best of my knowledge.***

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_