



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, starting on the next page
2. Send the completed Intake Form to SAAS via:
 - a. Fax: 309-268-7877
 - b. Email: accommodations@heartland.edu
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 or 309.268.8259

Christina Steider
Coordinator, Student Access and Accommodation Services
Christina.Junior@heartland.edu
309-268-8259

Date Received: _____

SAAS Intake Form

STUDENT INFORMATION

Name: _____ DOB: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Email: _____

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.

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.***

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: _____