



SPECIAL POPULATIONS SELF-IDENTIFICATION FORM

(REQUIRED TO BE COMPLETED BY ALL CREDIT STUDENTS)

To best serve the needs of the students, Columbus Technical College would like to know if you self-identify with any of the populations below. Please check each of the following statements that apply to you. You may check as many as are appropriate. Please note that while this information is gathered to better serve your individual needs, it is also used for federal reporting purposes.

Please provide your Name, Student I. D. Number and check those sections that apply to you.
(PLEASE PRINT)

Name _____
Last Name First Name Middle Name

Student I. D. Number: 910 _____ Phone #: _____

Semester/Year: Fall (August) _____ Spring (January) _____ Summer (May) _____

Gender: Male Female

Individuals with Disabilities - a physical or mental condition that substantially limits one or more major life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

a. Do you have a documented disability dated within the last three years that requires accommodations?
(Example: learning, physical or psychological) Circle **One** Yes No

Individuals from economically disadvantaged families, including low-income youth and adults

Individuals preparing for non-traditional fields; (Example: Females in Welding, Auto – Males in Health Fields)

Single parent - has the primary or joint custody for a dependent child. You may be divorced, widowed, legally separated or never married.

Youth with parents on active duty in the armed forces **English Language Learner** - has a language

other than English as their native language. **Youth who are in, or have aged out of, the foster care system**

Homeless individuals **Out of Work-force Individual** - Unemployed or underemployed and having difficulty in obtaining and upgrading employment, or who has custody of a child with less than two years remaining to receive assistance from Title IV of the Social Security Act.

None of the above apply to me. **Please contact me because I have questions or may need assistance.**

Signature

Date Revised 5/27/20