



SPECIAL POPULATION SELF DISCLOSURE FORM

Student ID Number: 910 \_\_\_\_\_ Email: \_\_\_\_\_

Name: (Print) \_\_\_\_\_ Program: \_\_\_\_\_

In order to better serve the needs of our students, Columbus Technical College would like to know if you meet the criteria listed below. Please check any or all of the following statements that apply to you:

Disability

\_\_\_\_\_ I have 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, breathing or learning.

Single Parent

\_\_\_\_\_ Are you a person who has the primary or joint custody for a dependent child? You may be divorced, widowed, legally separated, or never married.

\_\_\_\_\_ Single and pregnant

Displaced Homemaker

\_\_\_\_\_ Are you a person who has cared for a home and family without pay; who has been financially supported by another family member in the past; who is unemployed or under employed 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?

Economically Disadvantaged

\_\_\_\_\_ Eligible for Pell Grant or receiving federal assistance such as Food stamps and/or Medicaid.

Non-traditional Student

\_\_\_\_\_ Student enrolled in program where 25% or less of gender employed within the occupation.

ESL/ELL (English as a Second Language/English Language Learner)

\_\_\_\_\_ I have a language other than English as my native language.

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\_\_\_\_\_ I choose not to disclose this information.

\_\_\_\_\_ None of the above applies to me.

\_\_\_\_\_ I have checked the appropriate items above and would like to be contacted at this phone number (\_\_\_\_) \_\_\_\_\_ to discuss my special needs.

(Student Signature)

(Date)