

ACCOMMODATION REQUEST FORM – INITIAL INTAKE

Name: _____ SS# _____ / _____ / _____ Date: ____ / ____ / ____

Disability (please specify, please attach additional page if more space is needed)

Prognosis: Stable Degenerative Likely to improve Unknown

Present Medications:

Sponsorship with:

State Rehabilitative Services Dept. for Blind and Visually Handicapped
 Veteran Administration Employer Assistance
 Other _____

Counselor Name (s) _____

Classroom accommodations previously received:

Academic Adjustments Requested Based on Documentation Recommendations

Classroom:

<input type="checkbox"/> ALDs	<input type="checkbox"/> Priority registration	<input type="checkbox"/> Spell checker
<input type="checkbox"/> Braille materials	<input type="checkbox"/> Priority seating	<input type="checkbox"/> Tape recorder
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Proofreader	<input type="checkbox"/> Electronic Textbook(s)
<input type="checkbox"/> Large print materials	<input type="checkbox"/> Reader	<input type="checkbox"/> Other _____
<input type="checkbox"/> Additional set of notes	<input type="checkbox"/> Scribe	_____

Academic Adjustments -- Testing:

Scribe Extended time
 Computer Limited distraction setting

I give my permission for college personnel to both receive and release information of a confidential manner regarding my disability for use in educational planning.

Student Signature

Date