

Student Academic Accommodation Request Form

Office of Student Disability Services

The purpose of this form is to enable the institution to comply with federal laws in providing reasonable academic accommodations to students with documented disabilities. Please review the procedures on the back of this form before completing, sign on the Instructor's signature line, and remove the pink copy for your records.

Student's name: _____

Student's ID number: _____

Instructor: _____

Course Name: _____

Course Number: _____

Instructor Preferred Phone: _____

Student is eligible for the following classroom accommodations:

- Access to teacher handouts, slides, overheads
- Additional time on in-class writing assignments
- Assistive listening device (ALD):
- Assistive Technology (laptop, note-taking device)
- Closed Captioned Videos
- Information on board read aloud for students with visual disabilities
- Interpreting/ Transcribing
- Leave classroom when symptoms occur
- Note taker
- Occasional exceptions to the absentee/tardiness policy
- Personal Care Attendant
- Preferential Seating
- Record Lectures
- Other _____

Student is eligible for the following testing accommodations:

- Additional Time
- Alternate exam dates during periods of heavy scheduling
- Alternative testing environment

- Assistive Technology
- Calculator
- No Scantron
- Scribe
- Spell-check or points not taken off for spelling
- Other _____

Student is eligible for the following online course accommodations:

- My Reader
- Eye-Pal
- Inspiration
- Kurzweil 1000
- Dolphin Supernova
- Read & Write Gold

Director of Disability Services Signature: _____

Instructor Signature: _____

Student Signature: _____

Date: _____