

SHORTER COLLEGE

Student Accommodation Request Form

TO BE COMPLETED BY THE STUDENT. This form can be completed electronically in Microsoft Word and then printed (preferred) OR it can be printed and then completed legibly in pen.

Please complete (electronically or on paper) and submit this form along with all other required documentation pertaining to your condition(s).

Date Completed: _____

- This form was completed by the student
- This form was completed by someone other than the student
 Name of person completing: _____
 Relationship to student: _____

Student Information

Name	Last Name:	First Name:	Middle Initial:
Identification	Student ID #:	Date of Birth:	
Mailing Address	Address :	City:	State: Postal Code: Country:
Preferred Phone			
Communication Preferences	<input type="checkbox"/> This phone number can receive text messages and I approve/authorize being sent text messages Communication Access Need: <input type="checkbox"/> Videophone <input type="checkbox"/> Texting <input type="checkbox"/> Voice		
Email	Email: Secondary Email:		

Student Status

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Prospective | <input type="checkbox"/> Professional | <input type="checkbox"/> Guest |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Special | <input type="checkbox"/> Other |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Farm & Industry | |

Planned entry (prospective students only): (Semester) _____ (Year) _____

Current GPA (currently enrolled students only): _____

Number of credits completed to date (currently enrolled students only): _____

Anticipated Graduation: (Month) _____ (Year) _____

Accommodation History (Please check all that apply)

- IEP (Individualized Education Program)
- 504 Accommodation Plan
- ACT/SAT/GRE/etc. test accommodations
- Informal accommodations
- Previous college/university accommodations
- Other
- Not Applicable

Received special education services from elementary school through high school

Accommodation/Service Requests (Please check all that apply)

- Accommodation Advocacy
- Course Substitution (e.g. foreign language)
- Campus Accessibility Information
- On-Campus Housing Accommodations
- Accessible Private Housing Referral
- Personal Care Attendant Referral
- Accessible Transportation Referral
- Psychology Services
- Support groups
- Adaptive Technology (AT)
- Study & Learning Skills (SLSS)
- Diagnostic Assessment Referral
- Other:

Classroom Accommodation(s) Fill in prior history and current requests in table below:

Accommodation	Previously Received/Used	Requesting
Extra Test Time	<input type="checkbox"/> Amount of extra time:	<input type="checkbox"/> Amount of extra time:
Small Group Testing	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Test Format	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille <input type="checkbox"/> Large Print	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille Large Print
Computer or Adaptive Technology for Tests	(Please specify): <input type="checkbox"/>	(Please specify): <input type="checkbox"/>
Other Test Accommodations	(Please specify): <input type="checkbox"/>	(Please specify): <input type="checkbox"/>
Class Notetaker	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Textbooks/Print Materials in Alternative Format	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille Large Print	<input type="checkbox"/> Audio Electronic <input type="checkbox"/> Braille Large Print <input type="checkbox"/> Books on tape
Sign Language Interpreting	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Captioning	<input type="checkbox"/> CART C-Print <input type="checkbox"/> CC/Captioned Media	<input type="checkbox"/> CART C-Print <input type="checkbox"/> CC/Captioned Media
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Adaptive Technology	Screen Reader Magnifier ALD/FM System Speech Recognition Software Other (please specify):	Screen Reader Magnifier FM System (pending approval) Speech Recognition Software Other (please specify):
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Accommodation	Previously Received/Used	Requesting
Other:	<input type="checkbox"/> Please specify:	<input type="checkbox"/> Please specify:
Other:	<input type="checkbox"/> Please specify:	<input type="checkbox"/> Please specify:

Service Level

If you are approved for services, what is your preferred/expected level of accommodation services and interaction with college staff?

High/intensive/frequent
 Moderate/occasional
 Low/infrequent
 Unsure

Diagnostic Information

Identify all diagnosed and undiagnosed conditions. By doing so, our staff is best equipped to make the most appropriate service eligibility determination and accommodation recommendations.

To ensure timely services, please send the documentation appropriate to your condition as soon as possible. Documentation can be sent by you and/or your treating professional(s).

Please note: Disability related information is considered a confidential educational record under Family Education Right to Privacy Act (FERPA).

Condition	Diagnosis Date	Specific Diagnosis and Additional Notes
<input type="checkbox"/> ADHD (Attention deficit hyperactivity disorder)		
<input type="checkbox"/> Autism/Aspergers		
<input type="checkbox"/> Brain Injury		
<input type="checkbox"/> Deaf/Hard of Hearing		
<input type="checkbox"/> Health		
<input type="checkbox"/> Learning Disability		
<input type="checkbox"/> Mobility or Physical		
<input type="checkbox"/> Psychological or Mental Health		
<input type="checkbox"/> Visual		
<input type="checkbox"/> Temporary		
<input type="checkbox"/> Other		

<input type="checkbox"/> Undiagnosed: My treating specialist has not yet made a specific diagnosis.	NA	What conditions/symptoms are being assessed?
<input type="checkbox"/> Undiagnosed: I have not yet seen anyone for assessment.	NA	What conditions/symptoms are you concerned about?

Clinician(s) (Physician/Counselor/Therapist/etc.) Contact Information

Please list any relevant clinician(s) as applicable.

	Name	Specialty Area or Degree	Phone (include area code)	Email
1				
2				
3				

Functional Limitations

Please identify **all** major life activities you believe are affected as a result of your condition(s) and the level of limitation (**relative to your peers**) you believe you experience as a result.

	Major Life Activity	Mild Limitation	Moderate Limitation	Substantial Limitation
Sensory	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical/ Mobility	Walking/Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social	Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Activities	Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Calculating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Major Life Activity	Mild Limitation	Moderate Limitation	Substantial Limitation
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature _____

Date _____

To be completed by the Disability Services Coordinator during interview	
Self Report Interview	
During my self reporting interview I have completed the following:	
<input type="checkbox"/>	Identified myself as having a disability and provided a diagnosis of my current disability Disability Notation:
<input type="checkbox"/>	Provided supporting information/documentation of my disability (i.e., such as the date of the diagnosis, how that diagnosis affects me academically, functional limitations as a result of my disability, and the credentials of the diagnosing professional)
<input type="checkbox"/>	Discussed information on how my disability affects a major life activity
<input type="checkbox"/>	Discussed information on how my disability affects my academic performance.
<p>I certify that I am a student with a disability. The information that I have provided to Shorter College regarding my disability is accurate. The Disability Services Coordinator has discussed available accommodations and modifications. It has been explained to me that Shorter College is not required to lower or substantially modify essential requirements nor make adjustments that would fundamentally alter the nature of a service, program, or activity, or that would result in an undue financial or administrative burden. Additionally, Shorter does not have to provide personal attendants, individually prescribed devices, readers for personal use or study, other devices or services of a personal nature, such as tutoring and typing. I have been informed of the grievance procedures at Shorter College. I understand everything that has been explained to me.</p>	
Student Signature: _____	

For Official Use Only:

Date Request Form Received: _____

Date Student Contacted for Conference: _____

Date of Student Conference: _____

