

Accommodation Request Form

This form should be completed by the student.

Full Name: _____

Student ID Number: _____

Other Name: _____

Date of Birth: _____

Address: _____

Home #: _____

Cell #: _____

Email: _____

Campus(es) you expect to attend:

- Neosho
- Joplin
- Nevada
- Online
- Webb City
- Cassville
- McDonald County

What semester will accommodations need to start?

- Fall
- Spring Year: _____
- Summer

How are you paying for college?

- Self/Parents
- Division of Vocational Rehabilitation
- Rehabilitation Services for the Blind
- Other: _____
- Financial Aid
- Scholarship
- A+

Disability (check all that apply)

Accommodations are based on supported documentation of the following:

- Acquired Brain Injury
- ADD/ADHD
- Autism Spectrum
- Developmental Disability
- Emotional/Behavioral Disability
- Health Condition
- Other _____
- Learning Disability
- Physical Dexterity/Mobility
- Psychological Disability
- Speech/Language Impairment
- Vision Impairment/Blind
- Hearing Impairment/Deaf

Potential Accommodations

Check those you will need in an educational setting

Instructional	Testing	Support Persons	Environment	Equipment
<input type="checkbox"/> Braille	<input type="checkbox"/> Alternative Format	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Accessible Site	<input type="checkbox"/> Adaptive Technology
<input type="checkbox"/> Absence Allowance	<input type="checkbox"/> Calculator	<input type="checkbox"/> Lab Assistant	<input type="checkbox"/> Adjustable Table	<input type="checkbox"/> Amplified Phone
<input type="checkbox"/> Large Print	<input type="checkbox"/> Distraction Reduced	<input type="checkbox"/> Notetaker	<input type="checkbox"/> Close Parking	<input type="checkbox"/> Calculator
<input type="checkbox"/> Spelling Accommodation	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Personal Care Assistant *	<input type="checkbox"/> Preferential Seating	<input type="checkbox"/> Captioning
<input type="checkbox"/> Text in Alternate Format	<input type="checkbox"/> No Scan-Tron	<input type="checkbox"/> Support Animal *	<input type="checkbox"/> Space for Wheelchair	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Recording Allowance	<input type="checkbox"/> Out of Class	<input type="checkbox"/> Visual Describer	<input type="checkbox"/> Special Seat	<input type="checkbox"/> Low Vision Aids *
<input type="checkbox"/> A+ hours modification	<input type="checkbox"/> Reader			<input type="checkbox"/> Spelling Checker
	<input type="checkbox"/> Scribe			<input type="checkbox"/> Tape Recorder
				<input type="checkbox"/> TTY/TDD

* Not provided by the College

Other: _____

I understand that before an accommodations plan will be formulated or implemented, I must provide current diagnostic documentation of my disability. I also understand that Crowder College may choose to provide alternate accommodations to those I prefer or that have been recommended as long as the alternate accommodations are equally effective or better. If approved, an accommodation letter from the Student Accessibility Office needs to be provided to your instructor in order to activate accommodations.

Student Signature: _____

Date: _____