



# Office of Accessibility Services | Accommodation Request Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

College Email Address: \_\_\_\_\_@myemail.shawnee.edu

Did you receive accommodations in high school? Yes No

If **yes**, please include your most recent IEP/504 Plan.

Did you transfer from another college(s) or university? Yes No

If **yes**, where?: \_\_\_\_\_

What accommodations were approved? \_\_\_\_\_  
\_\_\_\_\_

Have you applied to Shawnee State? Yes No

When do you plan to enter Shawnee State?

Fall\_\_ Winter\_\_ Spring\_\_ Summer\_\_ Year 20\_\_ Current Student\_\_

What is your intended major? : \_\_\_\_\_

I am requesting accommodations because I am an individual with (check all that apply)

- |                                  |                     |                          |                            |
|----------------------------------|---------------------|--------------------------|----------------------------|
| <input type="checkbox"/>         | ADD/ADHD            | <input type="checkbox"/> | Physical/Medical Diagnosis |
| Autism <input type="checkbox"/>  | Spectrum Disorder   | <input type="checkbox"/> | Psychological Diagnosis    |
| Deaf or <input type="checkbox"/> | Hard of Hearing     | <input type="checkbox"/> | Traumatic Brain Injury     |
| <input type="checkbox"/>         | Learning Disability | <input type="checkbox"/> | Blind or Low Vision        |
| <input type="checkbox"/>         | Other: _____        |                          |                            |

**What is your disability/ diagnosis? Describe the impact of your disability/ies or chronic medical condition/s.**

**How and when was your disability/ies or chronic medical condition/s diagnosed and documented?**

**List any medications you take or therapies you are receiving. What is the impact?**

**List any accommodations you received in high school, standardized testing, or at another college.**

**How does your disability impact you in an academic setting (classroom, testing, studying, physically etc)?**

**If applicable, list any adaptive/computer technologies you will be using.**

**What specific accommodations are you seeking?**

**Please provide any additional information you'd like to share?**

**In your opinion, what other solutions might help you, or have helped in the past?**

**Please contact the Office of Accessibility Services to schedule an appointment.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_