

Accommodation Request Form



This form should be completed by the student. Feel free to attach additional information.

Student Contact Information:

Full Name: _____

Student's Phone Number: _____

Which semester are you requesting accommodations to start? _____

Disability Information:

Describe your disability or disabilities.

When were you diagnosed? _____

Is medication required for your disability? YES or NO

If yes, please list the medication(s) you take solely for your disability:

List any side effects related to treatment or medications that may be relevant to identifying accommodations: _____

In your own words, tell how your disability negatively impacts your education.

What challenges do you experience in the classroom? _____

What challenges do you experience related to taking tests/exams?

Potential Accommodations:

What accommodations have you used in the past? _____

What accommodations are you requesting? _____

List any assistive technology that you currently use or have used in the past (e.g. screen readers, alternative text formats, etc.).

Are you currently working with the Office of Vocational Rehabilitation? YES or NO

If "yes," who is your counselor? _____

Do you give your OCTC Accessibility Services counselor permission to discuss your accommodations and progress with your Vocational Rehabilitation Counselor? YES or NO Initials _____

I authorize OCTC Accessibility Services to discuss my circumstances with the following parent(s) or guardian(s):

Student Signature: _____

You must meet with your OCTC Accessibility Services counselor each semester if you would like to have accommodation letters to give your instructors. Your counselor will not assume that you need these letters.