

## Disability Support Services Student Request for Accommodations

It is the responsibility of the student to self-identify as an individual with a disability seeking an accommodation or modification. The student is also responsible for providing documentation that confirms their disability status and illustrates how their disability may affect their access to education, services, programs, or activities of the institution. Please complete the following so we may better assist your needs. (Reference also <https://iecc.edu/ada>)

<b>Name</b>	
<b>Student ID Nbr.</b>	
<b>Date of Birth</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	
<b>Date of Request</b> (today's date)	

Which semester are you requesting accommodations:  FALL  SPRING  SUMMER Year:

Are you enrolled in the Adult Education & GED program?  YES  NO

What is/are your diagnosed disability (ies)? (Please attach a copy of your disability documentation. See Page 4 for documentation list.)

- Learning Disability     
  Psychological Disability     
  Physical Disability  
 Other Health Impairment     
  Temporary Disability     
  No Diagnosed Disability

Describe your disability and how it affects your performance as a student.

Please indicate what accommodations you are requesting.

Do you require accessible furniture in your classrooms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adjustable tables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Armless chairs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Which buildings and rooms will you need accessible furniture?		
Please indicate if you intend to utilize any of the following while at this institution. <i>These accommodations may take up to 60 days to approve &amp; arrange. Please see the ADA Coordinator immediately to discuss arrangements.</i>		
Absence Verification	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sign Language Interpreter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assistive Technology (text-to-speech, screen reading, etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Captioning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Alternative Textbook Format	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Service Animal	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Braille Texts	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Magnification Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mobility Aid (scooter, wheelchair, etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Background Information:**

Did you receive special education instruction during high school? If so, please describe.

Did you receive special accommodations at a previous college? If so, what accommodations did you use?

Are you receiving help from a community service agency? (e.g. DRS, DEFS, WIOA?)

Have you used assistive technology? (closed captioning, hearing aids, mobility aids, software, etc.) If so, please list the assistive technology you've used.

Is there anything additional you would like us to know?

**Other Information:**

Is this your first time attending college?    \_\_\_ YES                    \_\_\_ NO

Are you employed?        \_\_\_ YES            \_\_\_ NO        Hours per week: \_\_\_\_\_

What is your academic goal at IECC?

What is your career goal?

**Instructor Notification & Release of Information**

Once your accommodation request has been approved, it is your responsibility to inform and discuss the accommodations with your instructors each semester. An "Accommodation Letter to Faculty/Staff" will be available for you from your ADA Coordinator to take to each of your instructors, as applicable. Your signature below indicates you agree the ADA Coordinator may speak to your instructors and other college staff to arrange appropriate services and accommodations for your classes. This release is in effect until graduation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Number of letters needed. (How many classes are you enrolled in?)

***Please submit this request, along with a copy of your disability documentation, to the ADA Coordinator at your college of attendance. Upon receipt of all necessary documents, the ADA Coordinator will provide a written response within 7 days.***

## Documentation List

(Please attach one of the following documents)

- An Individualized Education Plan (IEP) **or** a 504 Plan. Additional documentation may be requested if the plan was not in effect immediately prior to the date when the student exited high school.
- A plan or record of service for the student from a private school, a local educational agency, a state educational agency, or an institution of higher education provided under a Section 504 Plan.
- A record of evaluation from a relevant licensed professional finding that the student has a disability. (Requirements related to this document are available at <https://iecc.edu/ada>)
- A plan or record of disability from another institution of higher education.
- Documentation of a disability due to military service in the uniformed services.

### FOR OFFICE USE ONLY

Term: _____ Letters Issued to Student on: ____/____/____ Nbr. of Letters: _____
Student's Signature: _____
Other/Additional ADA Accommodations Provided: _____
_____ Date Provided: ____/____/____
ADA Coordinator's Signature: _____

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