



Quarterly Request for Academic Accommodations *Disability Support Services*

Student Name: _____

Student ID#: _____ Quarter: _____ Year: _____

Approved Accommodations Requesting (Please Circle):

Quiet Testing	Ergonomic Chair	FM System
Extended Test Time 1.5	Ergonomic Keyboard	Dragon
Reader/Scribe	Standing Station/ADA Desk	Enlarged Materials
Note Taker	Interpreter	Tape Recorder
Audio Books	Closed Captioning	Academic Coaching

Which classes (if any) do not require accommodations? _____

Student Signature: _____

Date: _____

Please attach a copy of your schedule to this form and leave in Disability Support Services Office, ADC 143. **REMINDER:** Accommodations begin *after* DSS receives this Quarterly Request form (then DSS notifies instructors within one week) and needs to be done each quarter you wish to use accommodations. Certain accommodations can take several weeks for arrangements to be made or equipment to be ready or purchased.

DSS Checklist (For DSS Staff):

Input Data into Spreadsheet: _____ Initial: _____

Accommodations Fulfilled: _____ Initial: _____

Instructor Notifications Sent: _____ Initial: _____