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:

Revised by DSS 1/11/15