

Accommodations Request

Student Name: _____ ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Cell Phone: _____

DOCUMENTED DISABILITY: (CHECK ALL THAT APPLY)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Psychiatric Disability | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Other |

Is the above condition: Permanent/Chronic Temporary

Note: If your condition is not permanent in nature, the university is not required by law to provide any accommodations, but Student Support Services may be able to assist you on a temporary basis.

ACCOMMODATIONS:

Based on your disability, check the accommodations you believe you will need in college in order to have equal access. (Accommodation approval is based upon supporting documentation of a disability).

- | Environment: | Testing: | Support: | Instructional: |
|---|---|--|--|
| <input type="checkbox"/> Accessible Site | <input type="checkbox"/> Alternate Format | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Adjustable Table | <input type="checkbox"/> Calculator | <input type="checkbox"/> Lab Assistant | <input type="checkbox"/> Disability Related Absence |
| <input type="checkbox"/> Preferential Seating | <input type="checkbox"/> Computer/Word Processor | <input type="checkbox"/> Note taking assistance | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Space for Wheelchair | <input type="checkbox"/> Distraction Reduced Site | <input type="checkbox"/> Personal Care Assistant | <input type="checkbox"/> Spelling Accommodation |
| <input type="checkbox"/> Special Seat | <input type="checkbox"/> Extended Time | <input type="checkbox"/> Support Animal | <input type="checkbox"/> To Record Lectures |
| <input type="checkbox"/> Para-transit | <input type="checkbox"/> No Scantron | <input type="checkbox"/> Writer/Scribe | <input type="checkbox"/> Textbooks in Alternate Format |
| Equipment: | <input type="checkbox"/> Reader | <input type="checkbox"/> Wheelchair | |
| <input type="checkbox"/> CCTV | <input type="checkbox"/> Writer/Scribe | | |
| <input type="checkbox"/> Closed Captioning | <input type="checkbox"/> Spell Checker | | |
| <input type="checkbox"/> Listening Devices | | | |
| <input type="checkbox"/> Low Vision Aids | Other: _____ | | |

The Student Support Center must receive this form and appropriate documentation of your disability to support requested accommodations prior to consideration and provision of accommodation. Once documentation is received and reviewed, the applicant will need to meet with Student Support Center staff to discuss accommodations, procedures, and policies. Information regarding disability is kept in the Student Support Center and is considered an academic record, but is not noted in any way on the student's transcript.

Please note that the SSC may exchange information with other relevant authorities on campus to evaluate and facilitate the provision of accommodation, and signing this form, you are signifying your knowledge of and agreement with this practice.

The practitioner who will prepare and provide documentation substantiating your request: (Both name and title)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

As indicated by my signature below, permission is granted to Student Support Center Staff to exchange information with the identified practitioner (stated above) as necessary to answer questions about the documentation submitted to support this request and in consideration of my application for accommodations.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

(If student is under 18)

Return to Student Support Center



**SOUTHERN
VIRGINIA
UNIVERSITY**

Student Support Center
One University Hill Drive, Buena Vista, VA 24416
Phone: (540) 261-8470 · Email: counseling@svu.edu