

Do you use:

- Wheelchair
- Crutches/Walker
- Hearing Aid
- Service Animal – *registry required. See SSS for more information.*
- Personal Care Attendant -- *registry required if living in residence. See SSS for more information.*

Do you have a mobility or sensory impairment that would prevent you from evacuating a building in an emergency?

Yes, please provide me with emergency evacuation information. No

Please indicate your needs below. *Note: Requests for accommodation are not automatically approved. A thorough review of submitted documentation and an interview is necessary to determine whether the student has a disability that substantially limits a major life function, including the ability to read, write or learn at the college level. The requested accommodations should be specific to the functional limitation(s).*

Alternative Testing:

- Extended time
- Separate location
- Reader/Scribe
- Use of a computer (e.g., word processor, voice read-back, voice input)
- Other:

Adaptive Equipment Use:

- Alternative chair/table
- Assisted listening device
- Taping of lectures
- Other:

Classroom Assistance:

- Notetaker
- Preferential seating
- Sign Language Interpreter
- Other:

Alternative Print:

- Audio (Electronic print, tape)
- Braille / Large Print (indicate font size: _____)
- Other:

Non-academic Accommodations:

- On-campus housing accommodations
- Food service accommodations
- Other:

Other: _____

Assistive Technology Available:

- JAWS – screen reader for individuals who are blind or visually impaired. Located in Library, IT Labs, OAS.
- Kurzweil 3000 – screen reader for individuals with learning disabilities. Located in OAS.
- Dragon Dictate – voice input. Located in OAS.
- AlphaSmart – portable word processor. Loan option is available although limited.
- Screen readers – information is available on free downloadable readers. Please see Specialized Support Services.

Will you receive the assistance of an outside agency (please check all that apply):

- Vocational & Educational Services for Individuals with Disabilities, contact: _____
- Commission for the Blind & Visually Handicapped, contact: _____
- Other, please specify agency and contact: _____

I give permission to Specialized Support Services to release this confidential information to my faculty and other appropriate personnel (safety, etc.) on a need-to-know basis.

Student's signature

Date