

ACCOMMODATION REQUEST FORM 2011-2012

The Learning Center and Testing, CCH 112

Name: _____

MyCU ID #: _____ PSW: _____

Telephone/Cell Phone: (_____) _____

Campus Email: _____@chowan.edu

I am requesting accommodations for (*check one*)

- Fall 20____
- Spring 20____
- Summer 20____

Part 1: Accommodation Letters

Student has returned Accommodations Signature Page?

- Yes
- No

Part 2: Accommodations Requested

- Classroom Relocation
- Preferential Seating/Table Accommodations
- Note Taker
- Kurzweil Reader
- MP3 Player for Audio books (may require book receipt)
- Digital Voice Recorder
- May need additional clarification of directions/instructions
- Use of calculator on tests/examinations
- Copy of instructor's notes/Power Points
- May need assistance or guidance with organization of written assignments
- Not graded on in-class spelling or Spell Check
- Distraction reduced environment
- May experience absences due to disability
- Medication may cause sedation – please be aware of this
- Extended time, specifically time and a half *or* double time (*circle which*), for exams and in-class work
- Testing and examinations in the Learning Center, if requested
- Other (*specify*):

Part 3: Read and check the box verifying your agreement. You must check and initial the statements for your accommodations to process.

- I understand that I need to pick up my accommodation letters from The Learning Center and deliver them to each of my professors **by the end of the second week of the semester.**
- I understand that if any of this information changes (i.e. a change of classes), it is **my responsibility** to contact The Learning Center to request additional accommodation letters or to make changes to my accommodation needs.
- I understand that I must have my professors' sign and date the Accommodations Signature Page to show receipt of Accommodation Letters before my accommodations will be implemented.

Part 4: Statement of Confidentiality

All information provided to the Director of Disability Services and other staff members in The Learning Center is confidential. Only with the written consent of the student or on a need to know basis will information be provided to appropriate offices when information has been deemed necessary to support the individual's educational and professional pursuits.

Part 5: Release of Confidential Information

I, _____, authorize The Learning Center to release relevant information regarding my disability to persons who have a legitimate need to know regarding my education, particularly in order to arrange accommodations.

This consent is valid for the semester that accommodations are being requested.

Student Signature

Date

Director of Disability Services

Date