ACCOMMODATION REQUEST Form

This form must be filled out accurately and completely, and turned in to the Director of Counseling along with the proper documentation (see General Guidelines for Students with Disabilities for examples of proper documentation) to ensure timely processing of your request. Upon approval of accommodations you will be provided an accommodation request letter to give to each of your instructors and the Testing Center (if applicable). It is your responsibility to give this accommodation request letter to each of your instructors and discuss your individual academic needs with them. Accommodations DO NOT carry over into the next semester. This form must be turned in to the Director of Counseling each semester in order for accommodation letters to be created.

Student Name: ___________________________ Hill College ID#: __________-__________

Please initial the accommodations you are requesting.

REQUESTED  APPROVED

_______   _______ Assistance in acquiring books from Recording for the Blind and Dyslexic, or the Talking Book Program.

_______   _______ Instructor to type all tests and other handouts in large font.

_______   _______ Instructor to print all tests and other handouts on colored paper (available in the Counseling Center)

_______   _______ Allow student to use tape recorder for instructional material.

_______   _______ Reader

_______   _______ Allow student to take exams in the Testing Center

_______   _______ Allow student extra time on exams

_______   _______ Sign language interpreter

_______   _______ Use of auxiliary/assistive devices:______________

_______   _______ Preferential seating:_________________________

_______   _______ Other: ________________________________
ACCOMMODATION REQUEST FORM

I am requesting accommodations in the following classes.

Instructor’s Name: ______________________________   Course # ___________  Section # ________
Instructor’s Name: ______________________________   Course # ___________  Section # ________
Instructor’s Name: ______________________________   Course # ___________  Section # ________
Instructor’s Name: ______________________________   Course # ___________  Section # ________
Instructor’s Name: ______________________________   Course # ___________  Section # ________
Instructor’s Name: ______________________________   Course # ___________  Section # ________

Accommodations are effective upon receipt of a letter to the instructors signed by the Director of
Counseling. By signing this form, you have given the Counseling Center staff permission to disclose
your status as a student with a disability/ies.

_______________________________________                             ______________________________
Student Signature                                                                             Date

_______________________________________   ______________________________
Semester        Phone Number