

THE HARVEY SCHOOL

Date: _____

Accommodations Request Form

All requests for accommodations must be submitted in writing, with **all relevant supporting documentation attached**, to support services. Only completed requests will be reviewed by the Accommodations Team. For questions regarding the process or to submit a completed request please email supportservices@harveyschool.org.

Student Name: _____

Classification:

(check all that apply)

- Hearing Visual Physical/Medical
Specific Learning Disability (please specify) _____
Other Health Impairment (ex: ADHD) Autism Spectrum Disorder
Emotional Disturbance (ex: Anxiety Disorder) Speech or Language Impairment

Accommodations requested:

(please list)

Supporting documentation:

- current physical (within 12 months)
 current psycho-educational evaluation (within 3 years)
 current neuropsychological evaluation (within 3 years)
 current school district IEP / 504 plan (within the current school year) - if applicable
 current psychological disability documentation (within 6 months) - if applicable
 signed consent to share information - if applicable

Parent contact information: