



**Office of Disability Services
Application for Accommodations**

Please Print (Incomplete forms may result in delay)

Date: _____

Name: _____

Student ID #: _____

Date of Birth: _____ Year: Fr. ___ So. ___ Jr. ___ Sr. ___

Campus Address (if applicable): _____

Permanent Address: _____

Phone Number: _____ Email Address: _____

Major: _____ Advisor: _____

Emergency Contact Name & Phone #: _____

Type of disability (Check all for which you are submitting documentation):

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Attention Deficit Disorder/ADHD |
| <input type="checkbox"/> Blind/Vision Impairment | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Learning Disability (please specify) | <input type="checkbox"/> Mobility/Physical |
| <input type="checkbox"/> Speech/Language Disorder | <input type="checkbox"/> Health Impairment |
| <input type="checkbox"/> Psychological/Psychiatric Disorder | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| | <input type="checkbox"/> Other _____ |

Nature of disability (Please explain how the disability interferes with activities in your life, especially courses, your program of study, residential life, and other college activities):

What **types of accommodations** have you *previously* used & where? (list high school and/or previous college):

Accommodations requested at PC (*Documentation should support requests for accommodations or services)

Have you received the **Disability Documentation Criteria** from Presentation College CLC? ___ Yes ___ No

Are you currently a client of Vocational Rehabilitation Services? ___ Yes ___ No

Name of Case Manager: _____ City/State _____

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If not, would you like information about the agency? _____Yes _____No

I certify that the information provided on this form is accurate to the best of my knowledge. I understand that I will need to provide disability documentation to support the need for requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the current documentation* and a visit with the Disability Services Coordinator. Finally, I understand that communicating my disability accommodation needs to my instructors is my responsibility, and no accommodations will be granted without the proper forms signed by an instructor from each course **& returned to the Disability Services Coordinator.**

Signature: _____ Date: _____

*In order to consider this request, the College requires students to provide current and comprehensive documentation of their disability by a **qualified professional.**

- A qualified professional can include a medical doctor, licensed mental health professional, or learning disabilities specialist.
- To be considered current, the qualified professional’s documentation should be within **5 years** for learning disability, last **6 months** for psychiatric or mental health diagnoses, or last **3 years** for ADHD and all other disabilities unless the condition is permanent or unchanging, as determined by the Disability Services Coordinator.

Please bring the **Disability Documentation Criteria** form to your health professional to ensure we receive comprehensive documentation for our files and in preparation for potential national standardized tests that require sufficient paperwork in order to grant disability accommodations.

(to be filled out by PC’s Disability Services Coordinator after documentation is submitted)

What health professional has provided the necessary documentation?

Name: _____ Organization: _____

Phone #: _____ Sent to PC on (date) _____

Final Determination of Disability Accommodations

Presentation College Office of Disability Services:

_____Approves _____Provisionally Approves _____Does Not Approve

The following disability accommodations: _____

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Coordinator Signature: _____ Date: _____

Comments: _____
