



If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the assessment process and/or classroom that will ensure that the assessment and/or classroom work accurately reflects your skills, knowledge, and abilities. Attempts will be made to provide reasonable accommodations that will allow you to demonstrate your abilities.

The information requested below and documentation regarding your disability or need for accommodation to obtain career objectives in a class or assessment will be considered strictly confidential and will not be furnished to any outside source without your permission.

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Work Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Year graduated:** \_\_\_\_\_

**NEED FOR ACCOMMODATION**

*To be completed by Applicant*

My ability to perform the following classroom expectations, assessments, and projects is limited due to \_\_\_\_\_ (disability).

List all assessments and/or classroom behaviors for which you will need accommodations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



# ACCOMMODATION REQUEST

The following accommodations are requested to provide me, the student, with equal access to all Moore Norman Technology Center classes, facilities, and activities.

Check types of accommodations which you feel are necessary for you to obtain equal access for your learning experience while attending Moore Norman Technology Center classes.

Please be specific. For example, "I will need a magnifying glass to read," or "Test materials should be printed in black ink."

oral testing

calculator

additional time for assignments

Sign Language interpreter

additional time for tests

large print

extended time to complete classes

Other accommodations requested:

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If needed, use an additional page for more explanation or details.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please return this form to:**

Franklin Road – Disability Coordinator  
PO Box 4701  
Norman, OK 73070  
405.801.5284  
Email: amy.watkins@mntc.edu

**Your request for accommodation must be certified by an appropriate professional (licensed physician, licensed psychologist, approved agency, etc.).**