REQUEST FOR ACCOMMODATIONS

STUDENT RESPONSIBILITY: This form is to be completed and submitted by the STUDENT. You must have previously self-identified and provide appropriate documentation in order to receive accommodations. This form must be submitted for EACH SEMESTER REGISTRATION, INCLUDING ALL DROP/ADDS OR CHANGES IN SCHEDULE.

STUDENT NAME: ________________________________________ SEMESTER: _______ Year: _______ (PRINT NAME LEGIBLY)

SIGNATURE (Required):___________________________________________ Date*:__________

NWFSC Student ID Number (Required): ______________________________

*A minimum of 10 working days (from the time form is received on the Niceville Campus) is required to arrange accommodations.

CHECK ONLY THE ACCOMMODATIONS PREVIOUSLY GRANTED BY THE SPECIAL NEEDS COUNSELOR ON THE NICEVILLE CAMPUS. IF YOU NEED ADDITIONAL SERVICES, PLEASE CONTACT THE COUNSELOR FOR STUDENTS WITH SPECIAL NEEDS AT 850-729-6079.

CLASSROOM:

_____ Sign Language Interpreter
_____ Videos Captioned
_____ Calculator Use
_____ Frequent Breaks
_____ Large Print
_____ Preferential seating in front
_____ Scribe
_____ Note taker
_____ Tape Recorder
_____ Alternative forms of Texts
_____ Other:

TESTING:

_____ Calculator
_____ Distraction-reduced testing Area
_____ Extended time on Tests (1.5 times)
_____ Frequent Breaks
_____ Spellchecker
_____ Tests on audio cassette
_____ Other:

RESERVE EQUIPMENT:

_____ Tape Recorder
_____ Personal Listening system
_____ Specialized chair in class
_____ SmartPen recording device

Instructions and Routing

1. Student completes form EACH semester for requested accommodations
2. Return to Office For Students with Special Needs for processing

5/21/12

“Equal Access/Equal Opportunity”