

# SERVICES REQUEST FORM

Semester- Fall\_\_\_, Spring\_\_\_, Summer I\_\_\_, Summer II\_\_\_  
Year \_\_\_\_\_

## GENERAL SERVICE

- |  |  |
|--|--|
| <input type="checkbox"/> Handicapped parking               | <input type="checkbox"/> Priority Registration   |
| <input type="checkbox"/> Personal Care Assistance          | <input type="checkbox"/> Wheelchair Height Table |
| <input type="checkbox"/> Bring Own Personal Care Attendant | <input type="checkbox"/> Route Planning          |
| <input type="checkbox"/> Personal Counseling               | <input type="checkbox"/> Orientation/Mobility    |
| <input type="checkbox"/> Help with Self Advocacy Skills    | <input type="checkbox"/> Special Equipment       |
| <input type="checkbox"/> Help Ordering book on Tape        | <input type="checkbox"/> Referral for Tutoring   |
| <input type="checkbox"/> Other _____                       |  |
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## TESTING SERVICE

Extended Time) amount of extended time must be arranged between the student and the instructor before the project begins: amount of additional time requested must be reasonable)

- Interpreters
  - Calculator
  - Electronic Speller
  - Braille Tests
  - Large Print Tests
  - Reader
  - Test on Tape
  - Scribe
  - Distraction-Free Room
  - Take Test Orally
  - Use a Computer
  - Other \_\_\_\_\_
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## CLASSROOM SERVICE

- Tape Record Lectures
  - Front Row Seating
  - Help Finding Note takers
  - Interpreters
  - Clear View Lip Reading
  - Assistive Listening Device
  - Large Print Handouts
  - Visual Material Described
  - Physical Assist in Labs
  - Wheelchair-Height Tables
  - Other \_\_\_\_\_
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Do you give permission to discuss your disability and accommodations with your instructor?

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_