The learner requesting accommodations due to a qualifying disability should complete this form. **The signed document should be emailed to Shannon Floyd** **sfloyd@northweststate.edu****.**  Supporting documentation IS required; the learner must provide a copy of their Individual Education Plan (IEP), a 504, or note from a medical professional documenting their diagnosis and needed accommodations. Your physician should state the start date and the anticipated stop date for your accommodations, if known. \*If you are a pregnant or other associated conditions learner who does not have a temporary disability associated with your pregnancy but is self-identifying to receive modifications only to their educational environment (larger desk, extra restroom time, excused absences), you do not need a note from your physician.)

## COMPLETED BY Learner

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LEARNER NAME LEARNER N#

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PHONE # E-MAIL ADDRESS

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EMERGENCY CONTACT PHONE NUMBER

1. Provide disability information. (Check all that apply.)

\_\_\_\_ LD/ADD/ADHD

\_\_\_\_ Hearing Impairment

\_\_\_\_ Physical Impairment

\_\_\_\_ Visual/Blindness

\_\_\_\_ Traumatic Brain Injury

\_\_\_\_ Psychological

\_\_\_\_ Chronic Medical

\_\_\_\_ Temporary Injury

\_\_\_\_ Pregnancy, Parenting and Associated Conditions

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What specific accommodation(s) are you requesting and how will it assist you? (An accommodation is a change or modification to the educational environment that allows an individual with a disability to be academic successful.)

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 If so, what were they and how effective were they?

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1. Please provide any additional information that might be useful in evaluating your accommodation request.

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## LEARNER Signature DATE