

The learner requesting accommodations due to a qualifying disability should complete this form. **The signed document should be emailed to Renee Bostelman at rbostelman@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

LEARNER NAME

LEARNER N#

PHONE #

E-MAIL ADDRESS

EMERGENCY CONTACT

PHONE NUMBER

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

LD/ADD/ADHD

Psychological

Hearing Impairment

Chronic Medical

Physical Impairment

Temporary Injury

Visual/Blindness

Pregnancy, Parenting and Associated Conditions

Traumatic Brain Injury

Other _____

2. 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.)

Have you had any accommodations in the past for this same limitation?

Yes No

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

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

LEARNER SIGNATURE

DATE