



CASCADIA
COMMUNITY COLLEGE
Disability Support Services

- Contacted by: _____ Date: _____
- Follow up needed with _____
- Meeting Time and Date: _____

REQUEST FOR ACCOMMODATIONS

Quarter: Summer Fall Winter Spring Year: 2008

Student: _____ ID #: _____ - _____ - _____

Phone: _____ Email: _____

										ACCOMMODATION(S) REQUESTED											
										DAYS											
ITEM NUMBER				COURSE ABBREV.	COURSE NUMBER	SECTION	INSTRUCTOR	BUILDING & ROOM # (LOCATION)	M	T	W	Th	F	S	HOURS	Testing	Note taker	Text on Tape	Equipment	Interpreter	Other
0	1	6	1	ENG	101	01	Lundberg	CC 211	X		X		X		8:45-10:00 AM PM		X				
															AM PM						
															AM PM						
															AM PM						

DETAILS OF ACCOMMODATIONS REQUESTED

- Test accommodations: private room reader scribe other
- Note taker : anonymous non-anonymous
- Text in Alternate Format: electronic only CD mp3 file flash drive mp3 file
- Adaptive equip /assist. tech. : tape/dig. recorder orthopedic chair orthopedic keyboard desk adjustment other
- Interpreter: for class only as needed for group work
- Other: (please specify in comments section)

COMMENTS: _____

IMPORTANT NOTE: Before you may receive an accommodation, it must be requested AND APPROVED by the DSS Advisor in the form of a Letter of Accommodation. Accommodations will be determined based on student's disability documentation and functional limitations. **IF YOU NEED TO ADD OR DROP A CLASS AND/OR ACCOMMODATION, YOU MUST FILL OUT A "CHANGE IN REQUEST FOR ACCOMMODATION FORM" AND SUBMIT IT TO THE DSS ADVISOR.**

Student's Signature: _____ Date: _____

OFFICE USE ONLY: EMERGENCY EVACUATION ASSISTANCE? YES NO

6/17/08 (KD)