

Trinity Valley Community College Office of Student Disability Services

REQUEST FOR ACCOMMODATIONS FORM

100 Cardinal Drive Athens, TX 75751

Semester Requesting Accommodations \_\_\_\_\_

If you need modifications or assistance due to a physical or learning disability to increase success, they will be provided if at all possible. The following procedure and documentation are required:

- 1. Submit a request in writing to the Office of Student Disability Services (OSD), using the accommodation request form. The Office is located in the Cardinal Success Center, Baugh Tech Center, Rm. 320, Athens campus. Students enrolling at a TVCC campus other than Athens, will need to schedule a meeting with the counselor for that campus. The form is also available on the disability page of the TVCC website.
2. Submit an appropriate physical/psychological evaluation or TCB/DAR referral. This evaluation must be comprehensive and clearly document the disability, date of test, and support the need for this modification.
3. To provide appropriate planning and scheduling of reasonable accommodations available each semester, requests and documentation must be turned in to the OSD in a timely manner; 4 weeks before the student's first semester at TVCC, and 2 weeks for subsequent semesters. Allow 4 weeks for interpreters and modified equipment.
4. Services or modifications that are abused will be discontinued (i.e. failure to show up for scheduled services or classes, failure to discuss needs with instructors.) All students are expected to abide by the Student Code of Conduct as outlined in the TVCC Student Handbook.

Please complete the following questions. If necessary, your request will be presented for review by the ADA Compliance Committee.

Name \_\_\_\_\_ Social Security # or TVIN \_\_\_\_\_

Major \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dorm \_\_\_\_\_

Please explain in detail how your disability may affect your access to a college education: \_\_\_\_\_

\_\_\_\_\_

Types of modifications you have had in the past in testing and educational settings: \_\_\_\_\_

\_\_\_\_\_

Specific types of modifications requested: \_\_\_\_\_

\_\_\_\_\_

Additional information:

If this is your first time registering with the OSD, please complete the next 3 questions:

Contact person that can discuss past modifications: \_\_\_\_\_ Telephone Number \_\_\_\_\_

TCB/DARS Counselor and phone number: \_\_\_\_\_ Telephone Number \_\_\_\_\_

High School counselor, high school, phone number (if appropriate): \_\_\_\_\_

I have read and understand the information on the accommodations request form. I agree to comply with the procedure and stipulations. I certify that the information I have provided is accurate and true and can be shared with the appropriate faculty/staff, if accommodations, academic adjustments, and/or auxiliary aids are needed.

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