

Trinity Valley Community College
REQUEST FOR ACCOMMODATIONS FORM

100 Cardinal Drive Athens, TX 75751

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

1. You must submit a request in writing to a counselor, using the accommodation request form. Cardinal Academic Performance Services is located in the Liberal Arts Building, Room 103, Athens campus. Student enrolling at a TVCC campus other than Athens will need to schedule a meeting with the designated counselor for that campus.
2. You must submit an appropriate physical/psychological evaluation or TCB/DARS referral (that clearly documents disability and supports the need for this modification).
3. In order to have reasonable accommodations available for testing and/or classroom instruction, you should contact a counselor prior to the beginning of each semester you are enrolled to discuss modifications needed.
4. To provide appropriate planning and scheduling, you must turn in your request and paperwork must be turned in to the counseling office at least two weeks prior to when the modification is needed. For scheduling of interpreters and available modified equipment, please allow 4 weeks.
5. Services or modifications that are abused will be discontinued (i.e., failure to show up for scheduled services or classes). All students are expected to abide by the Student Code of Conduct as outlined in the 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 _____

Local Address _____

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:

Contact person that can discuss past modifications: _____ Telephone Number _____

TCB/DARS Counselor and phone number: _____

High school counselor, high school, phone number (if appropriate): _____

Were you exempted from any legal requirement for graduation from high school, such as TAKS? Yes No

Additional information: _____

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 _____