

## Accommodation and Service Request Form

<b>Name:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>M.I.</span> <span>Last</span> </div>		
<b>S#:</b> S _____		<b>Phone #:</b> _____
<b>Email:</b> _____@student.ccd.edu Your official CCD email account is the only email CCD will accept for correspondence. <i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i>		
<b>Student:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Name</span> <span>Signature</span> <span>Date</span> </div>		
<b>SEMESTER:</b> _____	<b>ADDENDUM:</b> <b>YES</b> <b>NO</b>	<b>NEW TO AC:</b> <b>YES</b> <b>NO</b>
<b>CURRENT MAJOR:</b> [SGASTDN] _____		<b>CTE:</b> <b>YES</b> <b>NO</b>
<b>DATE REQUESTED:</b> _____		<b>STAFF:</b> _____

<b>Testing:</b> <input type="checkbox"/> <b>Location:</b> <input type="checkbox"/> In AC <input type="checkbox"/> In Testing Center <input type="checkbox"/> On-line <input type="checkbox"/> <b>2.0 Time</b> <input type="checkbox"/> <b>1.5 Time</b> <input type="checkbox"/> <b>Scribe</b> <input type="checkbox"/> <b>Reader</b> <input type="checkbox"/> <b>Private Room</b> <input type="checkbox"/> <b>Use of calculator</b> <input type="checkbox"/> <b>Assistive Technology:</b> <input type="checkbox"/> Dragon <input type="checkbox"/> JAWS <input type="checkbox"/> Enlargement <input type="checkbox"/> Other: <input type="checkbox"/> <b>Special Instructions:</b>	<b>Technology:</b> <input type="checkbox"/> <b>Alternative Computer Equipment</b> <input type="checkbox"/> Ergonomic keyboard Class/Room: <input type="checkbox"/> Ergonomic mouse Class/Room: <input type="checkbox"/> JAWS Class/Room: <input type="checkbox"/> Dragon Class/Room: <input type="checkbox"/> <b>Special Instructions:</b>	<b>Other Accommodations:</b> <input type="checkbox"/> Student has an accommodation that requires a meeting between the student, program advisor and instructor  <input type="checkbox"/> Ability for instructors to communicate with College for Living Experience (CLE) staff  <input type="checkbox"/> Other: _____ _____ _____ _____ _____ _____
<b>Academic Accommodations:</b> <input type="checkbox"/> <b>Note Taker</b> <input type="checkbox"/> <b>Interpreter</b> <input type="checkbox"/> <b>Ability to audio record lectures</b> <input type="checkbox"/> <b>Special Instructions:</b>	<b>Text Format:</b> <input type="checkbox"/> <b>Audio</b> <input type="checkbox"/> <b>Electronic</b> <input type="checkbox"/> <b>Special Instructions:</b>	<b>Classroom Environment:</b> <input type="checkbox"/> <b>ADA Furniture:</b> <input type="checkbox"/> padded chair with arms <input type="checkbox"/> padded chair no arms <input type="checkbox"/> chair with wheels <input type="checkbox"/> small table <input type="checkbox"/> <b>Prioritized Seating:</b> <input type="checkbox"/> <b>Special Instructions:</b>