



STUDENT ACCOMMODATION REQUEST FORM

Palmer College grants reasonable academic adjustments for qualified applicants and students with disabilities on an individual basis. Individuals are provided reasonable academic adjustments and/or accommodations based upon specific information and assessment data documented by a qualified professional. Guidelines for the documentation of disabilities may be viewed at: <http://www.palmer.edu/students/academic-success-and-wellness/>.

Students seeking temporary or permanent disability accommodations must complete this form and submit documentation of their disability to their campus' Student Disability Coordinator. Students are additionally required to meet with the Student Disability Coordinator prior to, or at the beginning of each trimester/quarter to review their course schedule and course-specific eligibility for accommodations.

Date completed:

- This form was completed by the student.
- This form was completed by someone other than the student.

Name of person completing this form:

Relationship to the student:

STUDENT INFORMATION

Full Name:	Last Name:
	First Name:
	Middle Name:
Student ID Number:	Matriculation #:
Mailing Address:	Address:
	City: State:
	Zip Code:
Phone Contact Information:	Cell:
	Home:
	Work:
	Other:
Preferred Email Address:	Email:
Communication Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Have you previously received accommodations/academic modifications?

If so, at what institution(s)?

To assist with anticipating appropriate disability-related permanent or temporary academic accommodations, please complete the following sections.

- 1) Thinking about how your condition has impacted you in the past, consider how it might impact you within the following circumstances (check all that apply):

<input type="checkbox"/> Classes:	lectures, laboratory practicals, technique set-ups/practicals, participation as a patient, clinic performance requirements
<input type="checkbox"/> Assignments:	reading, writing, calculating, keyboarding, library/research work, web-based criteria
<input type="checkbox"/> Related Activities:	clinical and clinic abroad placements, practicums, internships
<input type="checkbox"/> Communication:	speaking, listening, using phones, using e-mail
<input type="checkbox"/> Evaluation:	tests, papers, oral reports, group presentations/projects, practicals
<input type="checkbox"/> Time Constraints:	timed tests, college deadlines, assignment due dates
<input type="checkbox"/> Attendance:	class, required activities out of class, clinic observation or shift requirements
<input type="checkbox"/> Campus:	mobility, orientation/navigation, transportation
<input type="checkbox"/> Extra-Curricular:	club participation, campus events, participation in sporting or athletic activities

- 2) Keeping the previously listed situations in mind, describe all current disability-related symptoms or functional limitation(s) of your condition and how you think they might impact your participation in the academic and/or extra-curricular programs here at Palmer College of Chiropractic:

- a) Please list your specific functional limitations and identify the severity of each by indicating the number that best applies. (1 = Mild to 3 = Severe):

SPECIFIC FUNCTIONAL LIMITATIONS	MILD	MODERATE	SEVERE
1.	1	2	3
2.	1	2	3
3.	1	2	3
4.	1	2	3

- b) Please identify the frequency with which you experience your specific functional limitations by placing an "X" in the corresponding box that best applies.

SPECIFIC FUNCTIONAL LIMITATIONS	ONCE A YEAR	ONCE A MONTH	ONCE A WEEK	DAILY	OTHER EPISODIC
1.					
2.					
3.					
4.					

- 3) Answer the following questions regarding disability related, prescribed treatments, medications and assistive devices.
- a) Describe disability-related treatments (medication, chiropractic, talk-therapy, etc.) you currently receive and their usefulness:

 - b) Describe disability-related medications you currently use and their usefulness. Please also include relevant information about medication side-effects:

 - c) Describe disability-related assistive devices (audio recorders, crutches, screen readers, etc.) you currently use and their usefulness:
- 4) Answer the following questions regarding the stability of the disability over time.
- a) Reflecting on your high school and previous college experience, describe how the functional impact(s) of your condition(s) have changed over time:

 - b) Describe the variability of your condition and if you have known triggers for an exacerbation of your condition (if applicable)

ACCOMMODATION REQUEST INFORMATION

PERMANENT ACCOMMODATIONS	PREVIOUSLY RECEIVED	REQUESTING AT PALMER COLLEGE
TESTING and EVALUATIONS		
<input type="checkbox"/> Additional Test Time:	<input type="checkbox"/> Time and a Half <input type="checkbox"/> Double Time <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Time and a Half <input type="checkbox"/> Double Time <input type="checkbox"/> Other (Please Specify Below)
<input type="checkbox"/> Quiet/Minimally Distracting Environment:	<input type="checkbox"/> testing center <input type="checkbox"/> cubical or carrel <input type="checkbox"/> private room	<input type="checkbox"/> testing center <input type="checkbox"/> cubical or carrel <input type="checkbox"/> private room
<input type="checkbox"/> Alternative Test Format:	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille <input type="checkbox"/> Large Print	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille <input type="checkbox"/> Large Print
<input type="checkbox"/> Scribe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Reader/Exam Reader Software:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Test Accommodations:	<input type="checkbox"/> book prop <input type="checkbox"/> standing desk <input type="checkbox"/> modified seating	<input type="checkbox"/> book prop <input type="checkbox"/> standing desk <input type="checkbox"/> modified seating
CLASSROOM		
<input type="checkbox"/> Adaptive Technology:	<input type="checkbox"/> Screen Reader <input type="checkbox"/> Magnifier <input type="checkbox"/> ALD/FM System <input type="checkbox"/> Speech Recognition Software <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Screen Reader <input type="checkbox"/> Magnifier <input type="checkbox"/> ALD/FM System <input type="checkbox"/> Speech Recognition Software <input type="checkbox"/> Other (Please Specify Below)
<input type="checkbox"/> Captioning:	<input type="checkbox"/> CART <input type="checkbox"/> C-Print <input type="checkbox"/> CC/Captioned Media	<input type="checkbox"/> CART <input type="checkbox"/> C-Print <input type="checkbox"/> CC/Captioned Media
<input type="checkbox"/> Textbooks/Print Materials in Alternative Format:	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille <input type="checkbox"/> Large Print	<input type="checkbox"/> Audio <input type="checkbox"/> Electronic <input type="checkbox"/> Braille <input type="checkbox"/> Large Print
<input type="checkbox"/> Class Note Taker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tape Recorded Lectures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sign Language Interpreting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Modified Classroom Seating/Furniture	<input type="checkbox"/> book prop <input type="checkbox"/> standing desk <input type="checkbox"/> modified seating	<input type="checkbox"/> book prop <input type="checkbox"/> standing desk <input type="checkbox"/> modified seating
<input type="checkbox"/> Other Classroom Accommodations:		
CHIROPRACTIC SCIENCE/TECHNIQUE		
<input type="checkbox"/> Surrogate Patient:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:		