



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.

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:
	Other:
Preferred Email Address:	Email:
Communication Preference:	<input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> E-mail

Please identify your current trimester/quarter status: _____

Please identify your campus location:

- Florida
- Main (Iowa)
- West (California)

Please identify the nature of your accommodation request:

- Temporary (injury, surgery, pregnancy, etc.)
- Permanent

STUDENT ACCOMMODATION REQUEST FORM

Have you previously received accommodations/academic modifications? Yes No

If so, at what institution(s)? _____

Please list the condition(s) and/or disabilities for which you will be requesting an accommodation or modification.

Personal Statement

Please describe how your condition(s) and/or disability substantially limits your current functioning in a major life activity (e.g. reading, walking, learning, speaking, writing, listening, etc.) and how your condition(s) and/or disability impairs your ability to take examinations (quizzes, exams, and practical examinations) under standardized conditions.

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Disability-Related Treatments and Devices

Answer the following questions regarding disability related, prescribed treatments, medications, and assistive devices.

1. Describe disability-related treatments (medication, chiropractic, talk-therapy, etc.) you currently receive and their usefulness:

2. Describe disability-related assistive devices (audio recorders, crutches, screen readers, etc.) you currently use and their usefulness:

Stability of Your Condition(s)/Disability

Answer the following questions regarding the stability of your condition(s) over time.

3. Reflecting on your previous college experience, describe how the functional impact(s) of your condition(s) have changed over time.

4. How variable are the symptoms of your condition(s)?

5. What are the known triggers for an exacerbation of your condition(s) (if applicable)?

ACCOMMODATION REQUEST INFORMATION

Timed Testing and Evaluations

Additional Test Time	Time and a Half	Double Time	Other:
Previously Received			
Requesting at Palmer College			

Additional time is needed for (select all that apply)

- Quizzes
- Examinations
- Practical Examinations

Have you previously received accommodations/academic modifications? Yes No

Quiet/Minimally Distracting Environment	Testing Center	Cubical or Carrel	Private Room
Previously Received			
Requesting at Palmer College			

Alternative Test Format (select all that apply)

- Audio
- Braille
- Electronic
- Large Print
- No alternative test format needed

Have you previously received accommodations/academic modifications? Yes No

Scribe	Yes	No
Previously Received		
Requesting at Palmer College		

ACCOMMODATION REQUEST INFORMATION

Timed Testing and Evaluations

Reader/Exam Reader Software	Yes	No
Previously Received		
Requesting at Palmer College		

Test Environment Accommodations (select all that apply)

- Book Prop
- Standing Desk
- Modified Seating
- None of the above

Have you previously received accommodations/academic modifications? Yes No

If other test environment accommodations are needed, please specify below.

Classroom

Captioning

- CART
- C-Print
- CC/Captioned Media

Have you previously received accommodations/academic modifications? Yes No

Sign Language Interpreting	Yes	No
Previously Received		
Requesting at Palmer College		

Textbooks/Print Materials in Alternative Format

- Audio
- Braille
- Electronic
- Large Print

ACCOMMODATION REQUEST INFORMATION

Classroom

Class Note Taker	Yes	No
Previously Received		
Requesting at Palmer College		

Audio Recorded Lectures/Labs	Yes	No
Previously Received		
Requesting at Palmer College		

Modified Classroom Seating/Furniture (select all that apply)

- Book Prop
- Standing Desk
- Modified Seating
- None of the above

Have you previously received accommodations/academic modifications? Yes No

Other classroom accommodations:

Adaptive Technology (select all that apply)

- Screen Reader
- Magnifier
- ADL/FM System
- Speech Recognition Software
- Other

If Adaptive Technology is other, please specify below.

ACCOMMODATION REQUEST INFORMATION

Chiropractic Science/Technique/Diagnosis

Modifications needed for hands-on practice as a “doctor”	Yes	No
Previously Received		
Requesting at Palmer College		

Modifications needed for hands-on practice as a “patient”	Yes	No
Previously Received		
Requesting at Palmer College		

Other needed accommodations for Chiropractic Science/Technique/Diagnosis/Laboratory courses:

I have documentation to support these Timed Testing, Classroom, and Laboratory accommodations requests.

Yes No

Date: _____

Printed Name: _____

Signature: _____