

# Accomodations Agreement Form

Last Name  First Name  Middle Initial  Social Security #  Student Number  Date of Request

Term  2005-1  2005-2  2005-3  
 Resource Advisor   
 AA  AS  PSAV  BS  
 Non - Degree  Certificate  ESL  
 Program ID  Description

<input type="checkbox"/> 1. Advisement	<input type="checkbox"/> 2. External Referral <input type="text"/>
<input type="checkbox"/> 3. Letters sent to selected instructors	<input type="checkbox"/> 4. Reader
<input type="checkbox"/> 5. Notetaker or scribe	<input type="checkbox"/> 6. Voter Registration Student Initials: <input type="text"/>
<input type="checkbox"/> 7. Sign Language Interpreter	<input type="checkbox"/> 8. C-Print
<input type="checkbox"/> 9. Tutorial Program <input type="checkbox"/> Math <input type="checkbox"/> Language <input type="checkbox"/> Other (Specify) <input type="text"/>	
<input type="checkbox"/> 10. Testing Accomodations <input type="checkbox"/> Extra Time <input type="checkbox"/> Quiet Room <input type="checkbox"/> Transcription <input type="checkbox"/> Reader <input type="checkbox"/> Interpreter	
<input type="checkbox"/> 11. Standardized Test <input type="checkbox"/> CPT <input type="checkbox"/> TAB <input type="checkbox"/> CLAST <input type="checkbox"/> CLEP <input type="checkbox"/> CLM <input type="checkbox"/> EPT	
<input type="checkbox"/> 12. Equipment or Device <input type="checkbox"/> Calculator <input type="checkbox"/> Language Master <input type="checkbox"/> Tape Recorder <input type="checkbox"/> Mini Viewer <input type="checkbox"/> FM Amplifier	
<input type="checkbox"/> 13. Adaptive Equipment, Devices, Software <input type="checkbox"/> CCTV <input type="checkbox"/> Wheel chair Table <input type="checkbox"/> Dragon <input type="checkbox"/> Jaws <input type="checkbox"/> Zoom Text <input type="checkbox"/> Kurzweil <input type="checkbox"/> Head Mouse <input type="checkbox"/> Other (Specify): <input type="text"/>	
<input type="checkbox"/> 14. ACCESS Course <input type="checkbox"/> Reading <input type="checkbox"/> Mathematics <input type="checkbox"/> English <input type="checkbox"/> Adaptive Technologies	
<input type="checkbox"/> 15. Academic Assistance <input type="text"/>	<input type="checkbox"/> 16. Scholarship Assistance
<input type="checkbox"/> 17. Other (Specify) <input type="text"/>	

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

HomePhone:  WorkPhone:  CellPhone:   
 Pager:  OtherPhone:  Email:   
 Street:  City:  State:  Zip:

Date Of Birth:  SOAP Standing   
 Basis of Admit  Regular Diploma  GED  ABE  Special Diploma  Transfer  MEED Student  None  
 Associated Agencies  DVR  DBS  VA  CIL Other   
 Financial Aid  Pell  Perkins Loan  Scholarship  Agency  Other Employment  FT  PT  NE  
 Disabilities  PI  LD  VI  HI  MP  SP Primary Disability   
 (1) Vision Technology  Keyboarding (2)Voice To Text  Dragon  Equi  Reader  Other  
 (3) Computer-Related Skills  Keyboarding  E-Mail  Webpage  Internet Skills

Documentation Received  Authorized Initials   
 Eligible Accomodations  Tutor  Note Taker  Scribe  Text Scanning  Furniture  
 Proctor  Interpreter  C-Print  Screen Reading  Adapt Equip/Software