

# College of The Albemarle

## Disability Support Services

Elizabeth City and Edenton-Chowan Campus

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P.O. Box N. Road Street Elizabeth City, North Carolina 27906-2327

Dare Campus

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132 Russell Twiford Road Manteo, North Carolina 27954

### REQUEST FOR ACCOMMODATIONS

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Name (please print)

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Social Security Number

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Address

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Program of Study

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City, State, Zip Code

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Telephone (Home)

(Work)

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E-Mail Address

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Cell Phone Number

I, \_\_\_\_\_, am requesting accommodations from COA Disability Support Services. I understand that accommodations are based on the functional limitations created by my disability as they impact the standards of the courses within the curriculum for which I am enrolled. I will provide, to COA Disability Support Services, the appropriate documentation (on a separate form) that states my need and eligibility for the accommodations I am requesting.

As appropriate to the disability, documentation should include:

A current diagnostic statement identifying the disability, date of the current diagnostic evaluation, and the date of the original diagnosis.

A description of the diagnostic criteria and/or diagnostic test used.

A description of the current functional impact of the disability.

Treatments, medications, assistive devices/services currently prescribed or in use.

A description of the expected progression or stability of the impact of the disability over time.

The credentials of the diagnosing professional(s).

Recommendations from professionals with a history of working with the individual regarding appropriate accommodations, adaptive services, assistive services, compensatory strategies and/or collateral support services will be considered.

I further understand that, upon receiving the Educational Accommodation Notice, it is my responsibility to give each instructor a copy and make them aware of the accommodations for which I am eligible.

**Please indicate the documented disabilities:**

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Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appropriate accommodations are determined on the basis of diagnostic documentation, observation, recommendations of educational and medical professionals, and on interviews conducted with the student. Reasonable accommodations are provided on an individualized basis, according to the needs of each student. The specific accommodations listed on the Educational Accommodation Plan have been determined as appropriate accommodations and have been agreed upon by the student and by the Director of Disability Services.

I, \_\_\_\_\_, authorize College of The Albemarle Disability Support Services to discuss (1) the nature of my disability, (2) the particulars of my academic progress, and/or (3) other selected, appropriate information that is deemed necessary to plan and implement appropriate accommodations that will provide equal access to College of The Albemarle facilities and programs.

**Please initial your choice(s)**

	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Agency Counselors	_____	_____	_____
Parents	_____	_____	_____
Therapist	_____	_____	_____
Relevant Faculty and Staff	_____	_____	_____
Other: ___high school staff_____	_____	_____	_____
_____	_____	_____	_____

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Introductory Information:** (Identify disability and provide introductory information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This student is requesting the following accommodations:**

- \_\_\_ **Priority registration**
- \_\_\_ **Reduced course load (less than 12 credit hours)**
- \_\_\_ **Alternative testing services**
  - \_\_\_ extended time, x 1 1/2
  - \_\_\_ extended time, x 2
  - \_\_\_ isolated, distraction-free environment
  - \_\_\_ reader
  - \_\_\_ scribe
  - \_\_\_ alternative format/\_\_\_\_\_
  - \_\_\_ adaptive equipment/\_\_\_\_\_
  - \_\_\_ other \_\_\_\_\_

\_\_\_ **Volunteer note taking services**

\_\_\_ **Tape recording privileges (for classroom lectures)**

- \_\_\_ **Adaptive equipment/services-use of**
  - \_\_\_ calculator
  - \_\_\_ computer
  - \_\_\_ pocket speller
  - \_\_\_ RFB Services (recorded textbooks)
  - \_\_\_ braille and speak
  - \_\_\_ flat, table top desk
  - \_\_\_ computer voice synthesizer
  - \_\_\_ raised height desk to accommodate wheelchair height: \_\_\_\_\_
  - \_\_\_ closed captioning for videos
  - \_\_\_ FM sound amplification system
  - \_\_\_ other \_\_\_\_\_

- \_\_\_ **Staff Assistance**
  - \_\_\_ sign language interpreter
  - \_\_\_ Cued Speech transliterator
  - \_\_\_ scribe
  - \_\_\_ study strategy sessions
  - \_\_\_ staff note takers
  - \_\_\_ other \_\_\_\_\_

- \_\_\_ **Facility access**
  - \_\_\_ guide dog accommodation
  - \_\_\_ mobility orientation to campus
  - \_\_\_ wheelchair accessible facilities
  - \_\_\_ assistance with doors
  - \_\_\_ DMV handicapped parking
  - \_\_\_ other \_\_\_\_\_

- \_\_\_ **Preferential seating**
  - \_\_\_ same seat for all class meetings
  - \_\_\_ space for guide dogs
  - \_\_\_ other \_\_\_\_\_

- \_\_\_ **Alternative formatting**
  - \_\_\_ enlarged print
  - \_\_\_ other \_\_\_\_\_

- \_\_\_ **Other**
  - \_\_\_ support counseling
  - \_\_\_ permission to leave class, rest room
  - \_\_\_ permission to stand and stretch during class
  - \_\_\_ course waiver or substitution
  - \_\_\_ change in location of classroom to first floor
  - \_\_\_ \_\_\_\_\_
  - \_\_\_ \_\_\_\_\_

A request for accommodations does not guarantee that an accommodation will be granted.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_