

College of The Albemarle
Disability Support Services

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REQUEST FOR ACCOMMODATIONS

Name (please print)

Social Security Number or Student ID Number

Address

Program of Study

City, State, Zip Code

Telephone (Home) (Work)

E-Mail Address

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 Educational Accommodation Notices will be provided to my instructors to make them aware of the accommodations for which I am eligible.

Please indicate the documented disabilities:

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 Coordinator of Special Populations.

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)

	YES	NO	N/A
Agency Counselors	_____	_____	_____
Parents	_____	_____	_____
Therapist	_____	_____	_____
Relevant Faculty and Staff	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____

Student's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____