

Office of Accessibility Services | Accommodation Request Form

Name:	Student ID:
Primary Phone:	Today's Date:
College Email Address:	@mymail.shawnee.edu DOB://
Emergency Contact info	
Name/Relationship:	
Phone number:	
Did you receive accommodations in high s If yes , please include your most recent IE	
Did you transfer from another college(s) of the second sec	
Have you applied to Shawnee State?	Yes No
When do you plan to enter Shawnee State	?
Fall Winter Spring	Summer Year 20 Current Student
What is your <u>intended</u> major? :	
I am requesting accommodations because	I am an individual with (check all that apply)
☐ ADD/ADHD ☐ Autism Spectrum Disorder ☐ Hard of Hearing ☐ Learning Disability ☐ Other:	Physical/Medical Diagnosis Psychological Diagnosis Traumatic Brain Injury Blind or Low Vision

What is your disability/ diagnosis?				
How and when was your disability/ies or chronic medical condition/s diagnosed and documented?				
List any medications you take or therapies you are receiving. What is the impact?				
List any accommodations you received in high school, standardized testing, or at another college.				
How does your disability impact you in an academic setting (classroom, testing, studying, physically etc)?				
If applicable, list any adaptive/computer technologies you will be using.				
What specific accommodations are you seeking?				
Please provide any additional information you'd like to share?				
In your opinion, what other solutions might help you, or have helped in the past?				
Signature: Date:				
Please send completed copy to SSU Accessibility Services Coordinator Michelle Boldman – mboldman@shawnee.edu				