

# SUPPORT FOR ACCOMMODATION REQUEST

To be used in consideration of post-secondary academic accommodation requests.

Student's Name:

1. **ELIGIBILITY/DIAGNOSTIC STATEMENT:**

- ✚ Date of original eligibility:
- ✚ Most recent reevaluation date:
- ✚ Current goal area(s) of concern:

2. **FORMAL DIAGNOSIS and DATE (when available):**

3. **What is the BASIS OF DETERMINATION for current services?** (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. **Describe the CURRENT FUNCTIONAL IMPACT of the disability:**

5. **RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:**

6. **Expected PROGRESSION or STABILITY of the disability:**

7. **HISTORY of ACCOMMODATIONS:**

- ✚ 9<sup>th</sup> Grade:
- ✚ 10<sup>th</sup> Grade:
- ✚ 11<sup>th</sup> Grade:
- ✚ 12<sup>th</sup> Grade:

8. **SUGGESTED ACCOMMODATIONS for post-secondary experiences:**

9. **RECOMMENDATIONS (include accommodations, linkages to adult services, other support) for**

- ✚ Living:
- ✚ Working:

10. **ADULT/COMMUNITY Contacts:**

- ✚ Agency:                      Status:                      Name/Position:                      Telephone:

11. **SIGNATURE of Credentialed Professional**

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Name of Person completing this form (Print)	Title/Role	Agency/Organization
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Signature	Telephone	Date
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12. **AUTHORIZATION for RELEASE OF INFORMATION**

I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

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Name of Student (Printed)	Student's Signature	Date
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13. **STUDENT WRITTEN RESPONSE—Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)**

