APPLICATION FOR ACCOMMODATION

The purpose of this application is to gather information to assist in providing reasonable accommodation for students with disabilities at Des Moines Area Community College (DMACC). Return this completed Application for Accommodation, along with supporting documentation to:

Disability Services Office, Disability Services Coordinator
Des Moines Area Community College
2006 South Ankeny Blvd., Bldg. 6-10B
Ankeny, IA 50023-3993
FAX: (515) 965-7150 Phone: (515) 964-6234

Student's First Name ___________ Middle Name ___________ Last Name ___________

Student's Address ___________ City ___________ State, Zip ___________

Phone Number ___________ Campus ___________ DMACC ID# ___________

Semester (circle one): Current Student ___________ Fall ___________ Spring ___________ Summer ___________

Academic Area (Circle one): Credit classes ___________ HiSET ___________ Dual Credit/High School ___________ Non-credit ESL ___________ NCRC ___________

Please explain how your disability affects, limits, or impacts you as a student by completing the following:

What is your disability? __________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

How does your disability affect your daily life and academics? __________________________________________________________________________

______________________________________________________________________________________________

Specify the nature of the requested accommodation(s), including any equipment, aids, or services:

☐ Extended Test Time
☐ Digital Recorders
☐ Note-taker
☐ Sign Language Interpreter
☐ Other

☐ Testing Outside Classroom
☐ Preferential Seating
☐ Accessible Seating
☐ Scanned Textbooks

☐ Test Reader
☐ Instructor PowerPoints
☐ Calculator
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Review Policy ES 4610 (Reasonable Accommodation for Students with Disabilities) for a full description of the application, evaluation, and appeal process associated with reasonable accommodation of an applicant for admission or student with a disability.

The Disability Services Coordinator will make a determination regarding your application within ten (10) working days of the date of this application, and will inform you of the decision in writing or in some other form appropriate to your disability.

Statement of Agreement:
I (student) understand the DMACC Disability Services-Coordinator and/or Disability Services Office staff may have access to this Accommodation file, as well as academic and other records of the College, while maintaining confidentiality at all times. I further understand it may be necessary for the DMACC Disability Services Coordinator and/or Disability Services Office staff to release/exchange information with other DMACC staff with legitimate educational interest in regards to my education. By completing this form, I agree to such exchange of information. I understand this is effective for the duration of enrollment as a student at DMACC. I understand that if my circumstances change it is my responsibility to contact the Disability Services Office.

Statement of Consent to Share Information:
I understand my consent is effective for the duration of enrollment as a student at DMACC. I understand that if my circumstances change it is my responsibility to contact the Disability Services Office.

I (student) give the Disability Services Coordinator at DMACC permission to release/exchange information with third parties outside of DMACC: (Please check all that apply)

☐ Name ___________________________ Relationship to student ___________________________
☐ Name ___________________________ Relationship to student ___________________________
☐ Name ___________________________ Relationship to student ___________________________
☐ Name ___________________________ Relationship to student ___________________________

By signing, I agree my signature confirms I have completed this form.

Printed Student Name: ________________________________________________________

Student Signature: ____________________________________________________________

Date: ____________________________

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