



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. 6-10A
Ankeny, IA 50023-3993
FAX: (515) 965-7150 Phone: (515) 964-6234

_____	_____	_____	_____
Student's First Name	Preferred Name	Middle Initial	Last Name
_____	_____	_____	_____
Student's Address	City	State, Zip	
_____	_____	_____	_____
Phone Number	Campus	DMACC ID#	

Semester: Current Student Fall Spring Summer Program of Study _____

Academic Area: 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Testing Outside Classroom | <input type="checkbox"/> Instructor PowerPoints | <input type="checkbox"/> Preferential Seating |
| <input type="checkbox"/> Extended Test Time | <input type="checkbox"/> Digital Recorders | <input type="checkbox"/> Accessible Seating |
| <input type="checkbox"/> Test Reader: Kurzweil | <input type="checkbox"/> Note taker | <input type="checkbox"/> Sign Language Interpreters |
| <input type="checkbox"/> Textbooks in alternate format | <input type="checkbox"/> Calculator | |
| <input type="checkbox"/> Other _____ | | |

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 regard 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.

_____ Date: _____