



Office of Accessibility Services | Accommodation Request Form

Name: _____ Student ID: _____

Primary Phone: _____ Today's Date: _____

College Email Address: _____@students.clarkstate.edu

Preferred Method of Contact: Phone Email

Primary Campus: Springfield Xenia Beavercreek Bellefontaine Online

List any previous colleges you have attended: _____

First semester you wish to receive accommodations? _____

Did you receive accommodations in high school? Yes No

I am requesting accommodations because I am an individual with (check all that apply)

- ADD/ADHD
- Autism Spectrum Disorder
- Deaf or Hard of Hearing
- Learning Disability
- Other: _____
- Physical/Medical Diagnosis
- Psychological Diagnosis
- Traumatic Brain Injury
- Blind or Low Vision

I understand that: (please initial)

_____ I may be required to provide documentation of my disability.

_____ I must meet the essential requirements of each course I take, with or without accommodations.

_____ I understand I am required to meet with the Office of Accessibility Services prior to receiving the accommodations I am requesting.

_____ I authorize the Office of Accessibility Services to release information regarding my accommodations to my instructors.

_____ I understand that my Clark State email address is the official form of communication used by Clark State. It is my responsibility to read and respond to all communication as appropriate.

_____ The following selected individuals are authorized to be notified regarding the coordination of academic accommodations:

- Doctors, counselors, psychiatrists, and/or other health professionals.
- Professional service providers (i.e. interpreting services)
- Parent(s): _____
- Other: _____

Signature: _____ Date: _____

What is your disability/ diagnosis? Describe the impact of your disability/ies or chronic medical condition/s.

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 at Clark State?

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?

**Please contact the Office of Accessibility Services to schedule an appointment.
Springfield: 937.328.6019 | Beavercreek/Xenia: 937.431.7155 | Bellefontaine: 937.328.6019**