

FOR OFFICE USE:  
DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**Pittsburg State University**  
**Center for Student Accommodations**  
**Application / Request for Accommodation Form**

Student ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

PSU Email: \_\_\_\_\_

Major: \_\_\_\_\_

Status: FR  SO  JR  SR  GRAD

Are you a client of Vocational Rehabilitation? Yes  No  If yes, home office \_\_\_\_\_

**TYPE OF DISABILITY (CHECK ALL THAT APPLY):**

- Health Related       Learning Disability       Psychological/ Psychiatric       ADD/ ADHD  
 Physical/Orthopedic       Chemical Dependence       Hearing/ Vision Impairment       Acquired Brain Injury

Describe Severity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eligibility Requirements** In order to qualify for accommodations students must present written evidence from a qualified professional verifying their disability to the Director of Equal Opportunity and/or Coordinator of Student Accommodations. Reasonable academic accommodations are provided to students with **documented** disabilities. A student claim of a disability is evaluated on a case-by-case basis after carefully reviewing the current facts and documentation of the disability and how it substantially limits a major life activity. The federal definition of a disability is as follows:

A person with a disability:

1. has a mental or physical impairment which substantially limits one or more of such person's **major lifeactivities\***.
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

\*List of major life activities: caring for oneself, seeing, eating, walking, lifting, speaking, learning, concentrating, communicating, performing manual tasks, hearing, sleeping, standing, bending, breathing, reading, thinking and working. It also includes "the operation of major bodily functions" such as functions of the bowel system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STOP! THIS SHOULD BE FILLED OUT BY STUDENT ACCOMMODATION STAFF**

**Documentation:**

Semester: WF/SP/SU  
Year: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> IEP                            | <input type="checkbox"/> ACT/SAT Accommodation Letters  | <input type="checkbox"/> Medical Evaluation     |
| <input type="checkbox"/> 504 Plan                       | <input type="checkbox"/> Previous College Accommodation | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Summary Of Performance (SOP)   | <input type="checkbox"/> Letters: _____                 | <input type="checkbox"/> Medical Diagnoses      |
| <input type="checkbox"/> 3 yr. Re-Eval/Eligibility Eval | <input type="checkbox"/> Reference Letters              | <input type="checkbox"/> Doctor Note(s)         |
| <input type="checkbox"/> Psychological Evaluation       | <input type="checkbox"/> Writing Samples                |   |

**Accommodations Requested/Approved:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Extended Test Time              | <input type="checkbox"/> Large Print              | <input type="checkbox"/> Service Animal             |
| <input type="checkbox"/> Out-of-Class/Distracted Reduced | <input type="checkbox"/> No Scantron              | <input type="checkbox"/> CART Service               |
| <input type="checkbox"/> Reader                          | <input type="checkbox"/> Preferential Seating     | <input type="checkbox"/> Interpreter                |
| <input type="checkbox"/> Scribe                          | <input type="checkbox"/> Accessible Site          | <input type="checkbox"/> Assistive Listening Device |
| <input type="checkbox"/> Digital Recorder                | <input type="checkbox"/> Table rather than desk   | <input type="checkbox"/> Low Vision Aids            |
| <input type="checkbox"/> Calculator for exams            | <input type="checkbox"/> Computer for essay exams | <input type="checkbox"/> Scanning Pen/Smartpen      |
| <input type="checkbox"/> Note Taker                      | <input type="checkbox"/> Space for Wheelchair     | Other: _____  |
| <input type="checkbox"/> Alternative Format Texts        |   |   |

**Process:**

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Enrolled                        | <input type="checkbox"/> Application | <input type="checkbox"/> Documentation | <input type="checkbox"/> Interview/In-Take |
| <input type="checkbox"/> File Complete/ Ready to Process |                                      |  |  |

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

- Police Notification List
- Disability Disclosure List
- Temporary Accommodations

**Checklist:**

- \_\_\_ Entered into student database
- \_\_\_ Entered into instructor database
- \_\_\_ Entered into Disability tracking
- \_\_\_ Created Testing folders

\_\_\_ Initials