



Application for Accommodations

All information obtained in diagnostic medical, psychological, and educational reports is used solely for the purpose of determining reasonable and appropriate accommodations. Information will be regarded as private and will not be released except in accordance with state and federal law.

Student Information

Today's Date: ___/___/___ Student's Name: _____ Date of Birth ___/___/___

How did you hear about the Academic Resource Center? _____

Current Semester: Fall Spring Summer (Term) _____

Current Class Status: Freshman Sophomore Junior Senior Graduate Other

Transfer Student Yes No College/University? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____ Email: _____

Are you a consumer of the Bureau of Vocational Rehabilitation or Bureau of Services for the Visually Impaired? Yes No

If yes, what is your counselor's name? _____ Phone: _____

Address: _____

Did you have an IEP or 504 Plan in high school? Yes No

If a transfer student, did you have accommodations at your previous college/s? Yes No

If yes, please provide that information with your documentation.

Disability Information

Please identify any disorder(s) or impairment(s) with which you have been diagnosed. Check all that apply:

- Attention Deficit/Hyperactivity Disorder Health Impaired Learning Disability
 Mobility/Wheelchair Hearing Psychological
 Vision TBI (Traumatic Brain Injury) Speech/Language
 Other _____

Temporary Injury. Please Specify _____

Was the injury related to a Cairn sports team? Yes No

If yes, has the Athletic Director or Athletic Trainer been informed? Yes No

Do you have documentation for your disability/injury? Yes No

Has documentation been sent to the Academic Resource Center at Cairn University? Yes No

Accommodations Information

Please indicate areas in which you are struggling.

Classes

- Listening
- Note Taking
- Speaking
- Writing
- Keyboarding
- Sitting
- Attendance

Out of Class Assignments

- Reading
- Writing

Evaluations

- Tests
- Papers
- Oral Reports
- Group Reports/Projects

Time Constraints

- Timed Tests
- Deadlines
- Class Schedules

Mobility

- Physical Access
- Performing Manual Tasks
- Transportation

Other Areas

- Personal Care*
- Housing
- Diet
- Sleep
- Social
- Library
- Keyboarding/typing

**Students requiring Personal Care Assistants should contact the Academic Resource Center in Student Life as soon as possible for more information regarding policies and procedures.*

I will be requesting (check all that apply):

- Academic Accommodations
- Housing Accommodations
- Temporary Accommodations

Please describe the type of assistance you are looking for.

Please describe services/accommodations you have received in the past.

Please list current medications or therapies, if applicable. Describe their impact on you in a college environment, particularly as it would relate to academics.

Student Signature _____

Date: ____/____/____

**Please make an appointment to schedule an intake interview with the Academic Resource Center Director.
 Return the completed application with documentation and other pertinent materials.**