DISABILITY ACCOMMODATIONS FOR COURSEWORK AND TESTING

The Davis H. Hart Career Center is committed to serving the needs of individuals with disabilities. All requests for accommodations are subject to the approval of the Hart Career Center, and we reserve the right to require and review the documentation, in a timely manner, that supports the request for accommodations.

If you have a disability that is covered by the Americans with Disability Act and require accommodations for coursework or testing, please complete the information below and return this form with your application.

Name (Please print)_____________________________________

Program of Interest_____________________________________

Disability (Check all that apply):

_______ Learning Disability     _______ ADD/ADHD
_______ Traumatic Brain Injury ___ ______ Physical Disability
_______ Emotional Disorder      _______ Hearing Impairment
_______ Visual Impairment       _____ Other:______________________

Due to the above disability (ies), I need the following accommodations during testing. Please check all that apply.

_______ Extra Time     _______ Tests read orally
_______ Large print materials _______ Use of a calculator

_______ Other:__________________________________________

Date of your most recent professional evaluation: Month/Year:__________________

(Enclose this documentation)

Career Center Documentation

Students with disabilities that require accommodations for coursework or testing are responsible for initiating such services. To obtain accommodations, students must:

• Self identify – Contact the Counseling Office (573-581-5684) at the Career Center regarding the disability and the accommodations needed. This must be done in a timely manner or delays in service will be unavoidable.
• Verify – Provide current documentation (3-5 years) obtained from a qualified professional. This documentation must clearly support the need for any requested accommodation.
• Determine – The Counseling Office, in conjunction with others with necessary, will determine the appropriate accommodations, based on the documentation. The Counseling Office reserves the right to request updated documentation if necessary to determine appropriate accommodations.

I verify that all the information contained on this form is true.

__________________________________  _______________ ______________
Signature      Date

Complete this form only if you have a disability that is covered under the Americans with Disabilities Act and require accommodations for coursework and testing.