

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

