



Support for Accommodation Request

To be used in consideration of post-secondary academic accommodation requests.

Student: _____

1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

- Date of original eligibility: _____
- Most recent reevaluation date: _____
- Current goal area(s) of concern:

2. FORMAL DIAGNOSIS and DATE (when available):

3. What is the BASIS OF DETERMINATION for current services? (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:

5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

6. Expected PROGRESSION or STABILITY of the disability:

7. HISTORY of ACCOMMODATIONS:

- 9th Grade:

- 10th Grade:

- 11th Grade:

- 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. RECOMMENDATIONS for (include accommodations, linkages to adult services, other support):

- Living:

- Working:

10. ADULT/COMMUNITY Contacts:

Name/Position: _____
Agency: _____ Status: _____ Phone: _____

11. SIGNATURE of Credentialed Professional:

Name of person completing this form (print) Title/Role Agency/Organization

Signature Phone Date

12. AUTHORIZATION for RELEASE OF INFORMATION: I hereby authorize the release of information summarized in this *Support for Accommodation Request* for the purpose of evaluating eligibility and accommodation requests.

Name of student (printed) Student's signature Date

13. STUDENT WRITTEN RESPONSE—Statement of Goals (please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)