GRADUATE APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow at least two weeks for the Center for Disability Resources to review your application and supporting documentation. Please note that your application cannot be reviewed until documentation is received. Documentation Guidelines are available in the CDR office and online. Please also note that a separate application and guidelines are available for housing accommodations. After the CDR has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact the CDR if you have questions regarding the CDR registration process.

Section I: Student Information

Name: ____________________________

Today’s date: ____________________________

IIT ID #: ____________________________

Date of Birth: ____________________________ Gender: ______

Permanent Address: ____________________________

(Street & Apt. #)

(City) (State) (Zip)

Campus Address: ____________________________

Phone # (Campus): ____________________________

Phone # (Cell): ____________________________

Phone # (Permanent): ____________________________

IIT E-mail Address (If Available): ____________________________

Other E-mail Address: ____________________________
In case of emergency, whom may we contact on your behalf?

Name: ____________________________________________________________
Phone: __________________________________________________________
Address: _________________________________________________________
(Street & Apt. #) _________________________________________________
(City) (State) (Zip) _____________________________________________
Relationship: ____________________________________________________

**Section II: Education Information**

School: __________________________________________________________
Major / Program: _________________________________________________
First Semester at IIT: _____________________________________________
Anticipated Graduation Date: ______________________________________

Please briefly describe your program. Be sure to include information about fieldwork, clinical or laboratory components, comprehensive examinations, a thesis/dissertation, or other requirements that may impact your disability or need for accommodations: __________
_____________________________________________________________________
_____________________________________________________________________

**Section III: Disability Related Information**

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in university life.

1. Please indicate your disability type(s). Check all that apply:

☐ Learning Disability
☐ Attention Deficit/Hyperactivity Disorder (AD/HD)
☐ Chronic Medical Condition
  ➢ Please specify: ____________________________________________________
Physical Disability (mobility impairment)
   □ Please specify: ________________________________

Psychiatric Disability (psychological or mental illness)
   □ Please specify: ________________________________

Visual Impairment or Blindness

Deaf or Hard-of-Hearing

Traumatic Brain Injury

Temporary Injury/Condition
   □ Please specify: ________________________________

Other
   □ Please specify: ________________________________

2. Please check all that apply:

□ I use a wheelchair.
□ I use assistive mobility devices (braces, crutches, cane, or prosthesis).
□ I wear a hearing aid.
□ I need to read lips of instructors.
□ I rely on sign-language interpreting services.
□ I need speech-to-text services.
□ I have difficulty reading the blackboard.
□ I have difficulty taking notes in class.
□ I have difficulty writing.
□ I have difficulty standing for long periods of time.
□ I tire easily when I walk distances.
□ I have difficulty walking up/down stairs.
□ I utilize assistive technology.
   □ Please specify: ________________________________

□ Please describe any other mobility or disability related difficulties or assistive tools you are currently experiencing / using: ________________________________

3. Are you currently taking any medication related to your disability or medical condition?
   (circle one)

Yes  No
If yes, list all of the medications you are taking: ____________________________

____________________________________

____________________________________

If yes, please also list any side effects of the medications that you are taking and their impact on your academic/cognitive abilities and/or other activities:

____________________________________

____________________________________

____________________________________

4. Please check all of the reasonable accommodations that you are requesting:

☐ Testing Accommodations
  o Extended time for testing:
    ➢ Amount Requested: ________________________________
  o Smaller proctored environment
  o Reader for exams
  o Scribe for exams (answer recorded or written for student)
  o Use of computer for exams
  o Use of spell-check device for exams (when appropriate)
  o Use of calculator for exams (when appropriate)

☐ Classroom Accommodations
  o Note-taking services
  o Class notes and other materials in an alternate format
    ➢ Please specify: ________________________________
  o Permission to tape record lectures/classes
  o Preferential classroom seating
  o Accessible classroom and furniture

☐ Communication Accommodations
  o Sign-language interpreters
- Assistive listening devices
- Speech-to-text Services

☐ Other Accommodations
  - Assistive technology
    ➢ Please specify: ______________________________
  - Textbooks in an alternate format
  - Course substitution
    ➢ Please specify: ______________________________

☐ Elevator and lift access
☐ Other Accommodation(s)
  ➢ Please specify: ______________________________

5. Briefly describe why you are requesting the above accommodations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Please list any services/accommodations you received as an undergraduate or at any previously attended school:
   Please note that while such services do not necessarily carry over to your current program, the information is helpful to give the CDR background information on your disability-related needs.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section IV: Agency Information

Do you receive services from any of the following agencies?

☐ Vocational Rehabilitation Services
  ➢ Specify State and Agency: ____________________________

☐ Commission for the Blind & Visually Handicapped (CBVH)

☐ Veterans Administration (VA)

☐ Recordings for the Blind & Dyslexic (RFB&D)

☐ Other: ____________________________________________

If yes, please provide the following information:

Counselor’s name: ___________________________________

Office Address or Location: __________________________

__________________________________________________

Phone #: ___________________________ Ext: _______________

Services currently receiving from agency: _______________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Send Form To:
IIT Center for Disability Resources
3424 S. State St., Room 1C3-2
Chicago, Illinois 60616
disabilities@iit.edu