UNDERGRADUATE APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow at least two weeks for the Center for Disability Resources (CDR) 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 CDR has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact 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

College: _________________________________________

Major/Program: __________________________________

Athletic Team Affiliation, if Applicable: ________________

________________________________________________________________

First Semester at IIT: _______________________________

Anticipated Graduation Date: _________________________

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**
  - Extended time for testing:
    - Amount Requested: ____________________________
  - Smaller proctored environment
  - Reader for exams
  - Scribe for exams (answer recorded or written for student)
  - Use of computer for exams
  - Use of spell-check device for exams (when appropriate)
  - Use of calculator for exams (when appropriate)

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

- **Communication Accommodations**
  - 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 in high school or as an undergraduate 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