



## APPLICATION FOR SUPPLEMENTAL ACCOMMODATIONS & SERVICES

*Please contact the CDR before using this form.*

*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. After the CDR has reviewed your application, you will be contacted via e-mail with information about the status of your application.*

### **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: Supplemental Accommodations**

**1. 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: \_\_\_\_\_

**2. Please indicate why you are requesting the above accommodations. Check all that apply:**

Acquired new disability (Additional documentation required)

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

- Learning Disability
- ADD/ADHD
- Chronic Medical Condition
- Physical Disability (mobility impairment)
- Psychiatric Disability (psychological or mental illness)
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Traumatic Brain Injury
- Temporary Injury

Please describe: \_\_\_\_\_

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Other

Please describe: \_\_\_\_\_

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Change in current disability's status

Please describe: \_\_\_\_\_

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- Change in medication status (Additional documentation required)

Please indicate new medication(s) taken and/or new dosage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any side effects and their impact on your cognitive abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Send Form To:

IIT Center for Disability Resources

3424 S. State St., Room 1C3-2

Chicago, Illinois 60616

[disabilities@iit.edu](mailto:disabilities@iit.edu)