

SUPPORT FOR ACCOMMODATION REQUEST

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

Student's Name:

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 (include accommodations, linkages to adult services, other support) for

- Living:

- Working:

10. ADULT/COMMUNITY Contacts:

- Agency: Status: Name/Position: Telephone:

11. SIGNATURE of Credentialed Professional

Name of Person completing this form (Print) Title/Role Agency/Organization

Signature Telephone 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.)