TAYLOR COLLEGE

Accommodation Request Form

Student Personal Information			
Student Name:		Date:	
Program:		Student ID:	

Accommodation Request
Describe your disability:
Describe how your disability impacts your learning and if you have previously received accommodations, what accommodations were given:

Student Signature:		**Date:**	

Health Care Provider (HCP) Verification A qualified professional such as a physician or psychologist must complete this portion of the form. Classroom teachers, parents, or friends are not qualified to provide this information. An IEP or 504 Plan is not sufficient and will not be accepted as proof. Please attach additional documentation if applicable.	
HCP Name	
HCP Address	
HCP Phone Number	
Disability Diagnosis	
Describe current level of functioning:	
Suggestions for accommodation:	

HCP Signature/ Credential:		**Date:**	

Student Personal Information			
Student Name:		Date Received:	
Program:		Student ID:	
Program Director:		Date Reviewed:	

Accommodations Recommended by DOE or Program Director	
Classroom Instruction	

Original form, including any supporting documentation, filed in the student's academic file with a note entered in the student information system. Revised: 05/01/2018 V 1.0

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Assessments			
Lab/Hands-On Skills			
Clinical Practicum/Externship			
Additional Considerations			
DOE/PD Signature:		**Date:**	

Approvals (Print and Sign Name)			
Dean/Director of Education		Date	
Registrar		Date	
Registrar signature signifies SIS updated with note and action plan.			

Student Acceptance (Print and Sign Name)			
Student		Date	