

PONTOTOC TECHNOLOGY CENTER

Student Request for Accommodation

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the assessment process and/or classroom accommodations that will ensure that the assessment and/or classroom work accurately reflects your skills, knowledge and abilities. Attempts will be made to provide reasonable accommodations that will allow you to demonstrate your abilities.

The information requested below, and any documentation regarding your disability or need for accommodation to obtain career objectives in a program or assessment, will be considered **strictly confidential** and will not be furnished to any outside source without your written permission.

Name: _____		
(Last Name)	(First Name)	(M)
Birthdate: _____ Social Security Number _____		
Address: _____		
(Street, Box, or Route)		

(City)	(State)	(Zip Code)
Telephone (Including Area Code): _____		

Accommodation requested for the _____ Program.

Start date in Program _____

NEED FOR ACCOMMODATION: (To be completed by applicant)

My ability to perform the following classroom expectations, assessments and projects is limited due to _____ (Disability).

List all assessments and/or classroom behaviors for which you will need accommodations:

1. _____
2. _____
3. _____
4. _____
5. _____

(If needed use the back of this sheet for additional explanation or detail)

Non-Discrimination Statement: Pontotoc Technology Center, in compliance with the Guidelines for Vocational Education Programs (34 CFR Part 100 Appendix B), Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Education Amendment of 1972, and the Age Discrimination Act of 1975, does not discriminate on the basis of race, ethnicity, religion, national origin, age, sex, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admissions, employment, financial aid & student services.

ACCOMMODATION REQUESTED:

The following accommodations are requested to provide me, the student, with an accessible arrangement. Please be specific, for example, "I will need a magnifying glass to read," or "test materials should be printed in black ink."

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

(If needed use the back of this sheet for additional explanation or detail)

(Name)

(Date)

Your request for accommodation must be certified by an appropriate professional (licensed physician, licensed psychologist, approved agency, etc.)



CERTIFICATION OF NEED FOR ACCOMMODATION

(To be completed by an appropriate professional)

This applicant has discussed with me the nature of the program, and it is my opinion that because of the applicant's disability he or she should be accommodated in the manner described above.

 (Signed) (Title) (Date Applicant was last examined)

We would welcome your suggestions as to how we may best advise and help this applicant with his or her career decision.

SUGGESTIONS: _____

Please submit any/all documentation necessary to validate disability to better serve the student. (IEP, Psychological, Doctor's notes, etc.) See *Guidelines for Documentation of Disabilities for Adults and Adolescents*. Please return all paperwork to:

Cindy Byrd, Counselor, Pontotoc Technology Center, 601 West 33rd Ada, OK 74820