SUPPORT FOR ACCOMMODATION REQUEST
To be used in consideration of post-secondary academic accommodation requests.

Student’s Name:

ELIGIBILITY/DIAGNOSTIC STATEMENT
Date of original eligibility:
Most recent reevaluation date:
Current goal area(s) of concern:

FORMAL DIAGNOSIS and DATE: (when available)

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.)

Describe the CURRENT FUNCTIONAL IMPACT of the disability:

RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

Expected PROGRESSION or STABILITY of the disability:

HISTORY of ACCOMMODATIONS
8th Grade:
9th Grade:
10th Grade:
11th Grade:
12th Grade:

SUGGESTED ACCOMMODATIONS for post-secondary experiences:

SIGNATURE of CREDENTIALED PROFESSIONAL

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

Signature  Telephone  Date
TO BE COMPLETED BY THE STUDENT

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 __________

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.)

Return to:
Martha Schwandt, Learning Services Specialist
Marshalltown Community College
3700 S. Center St.
Marshalltown, IA 50158
Or
Martha.Schwandt@iavalley.edu