

Name:



Date of Birth (MM/DD/YYYY):

**I. GENERAL NATURE OF DISABILITY / DISABILITIES**

**To the best of your ability, please describe your disability, and how the symptoms and/or limitations of your disability impact you academically (please include diagnosis):**

**In what academic areas have you experienced difficulties:**

- Completing assignments on time
- Comprehending concepts
- Following along during lecture
- Math
- Motivation
- Organizing written work
- Reading
- Reading rate
- Retaining information
- Spelling
- Study skills
- Self-confidence in school
- Taking notes during lecture
- Taking tests

**I am requesting the following accommodations:**

- Adaptive Technology (i.e. Livescribe Pen, Kurzweil, etc.)
- Alternative Format
- Assistive Listening Device
- Notetaking
- Testing Accommodations, please specify:
- Real-Time Captioning
- Sign Language Interpreters
- Other :
- Other :
- Other :

**How would receiving the above accommodations mitigate barriers associated with your disability?**

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## II. ACCOMMODATIONS HISTORY

**In high school did you have an IEP?**

- Yes
- No

**Did you have a 504 plan?**

- Yes
- No

**Have you ever been registered as a student with a disability at a post-secondary institution (i.e community college, CSU, other UC, etc.)?**

- Yes
- No

**If any, please list previous accommodations you've received:**

For Administrative Use

Approved Accommodations: