

Request for Accommodations

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations. The information requested below, documentation regarding your disability or need for accommodation to obtain career objectives in a program, will be considered strictly confidential, and will not be furnished to any outside source without your permission. **You must return this form to the Special Needs Coordinator, Director of Student Support Services, or your instructor. Instructors, forward a copy of this form to the Special Needs Coordinator.**

Name: _____ Date of Birth: _____
Address: _____
Telephone: _____ Program: _____

ACCOMMODATIONS REQUESTED:

The following accommodations are requested. Please be specific, for example, "I will need a magnifying-glass to read."

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

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 this applicant's disability he or she should be accommodated in the manner described above. The applicant was last examined on: _____ . My suggestions for advising, assisting, or helping this applicant with his/her career decisions:

Signature & Title

Date

Phone Number

Approved by: _____
Special Needs Coordinator

Great Plains Technology Center Administrator