



Request for Accommodation Form

Today's Date: _____ **Academic Year Starting at Morton:** _____

Name: _____

Last

First

Middle Initial

Student Identification number (issued by Morton College) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home phone: _____ **Cell phone:** _____

E-mail address: _____

Date of birth: _____ **Age:** _____ **Health Insurance Provider:** _____

Emergency contact person: _____ **Relationship:** _____

Emergency contact person phone number: _____

Have you graduated from high school? Yes _____ No _____

Did you obtain your GED? Yes _____ No _____

What is the name of your high school? _____

Did you receive accommodations I high school? Yes _____ No _____

Did you participate in any of the following services? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Social Work Services | <input type="checkbox"/> Speech Services |
| <input type="checkbox"/> ELL or ESL classes | <input type="checkbox"/> Self-Contained classes | <input type="checkbox"/> Collaborative classroom |

According to your high school transition plan, what was your career goal?

Do you work with any of the following agencies?

- ☐ Department of Human Services/ Office of Rehabilitative Services
- ☐ Social Security Administration (i.e. receiving SSI benefits)
- ☐ Veteran's Administration
- ☐ Employment Training Services
- ☐ Physical/ Occupational Therapy
- ☐ Transition from high school to college/ work program
- ☐ Personal counseling

Please list who you work with from the above agency and how often you meet:

Other College/ Universities Attended:

If you have attended another college prior to Morton College, Did you receive services at that school? _____Yes _____No

Name of previous college attended: _____

What accommodations did you receive at that college/university? _____

Acceptable Documentation

The following forms of documentation are accepted by the Disability Specialist:

- Individual Education Plans (IEP) from a School District
 - Must be accompanied by a School Psychological Report
- Neuropsychological Consultation Report
- Medical Documentation stating a diagnosis and medication student is taking (if any)
 - If the student has Epilepsy an Emergency Plan will be made
- Psycho-Educational Assessment
 - Must include test results, diagnosis and suggested accommodations

DOCUMENTATION OLDER THAN THREE YEARS WILL NOT BE ACCEPTED

Disability or Medical Condition

Have you been diagnosed with a medical condition or disability? ____Yes ____No

Date of diagnosis: _____

Date of last psychological testing for a learning disability: _____

The medical condition(s) or disability you have been diagnosed with:

- ☐ ADHD/ADD
- ☐ Autism (and/ or no the Spectrum)
- ☐ Acquired brain injury, date: _____
- ☐ Deaf/ hard of hearing
- ☐ Learning Disability, Specific area
- ☐ Visually impaired
- ☐ Mobility impaired, describe _____
- ☐ Mental health diagnosis
- ☐ Post-Traumatic Stress Disorder
- ☐ Physical Disability, describe _____
- ☐ Medical Condition, describe _____
- ☐ Temporary Injury/ Illness
- ☐ Transplant, implant, shunt, describe _____

Do you use any of the following?

- ☐ Crutches
- ☐ Cane
- ☐ Walker
- ☐ Manual wheelchair
- ☐ Electric wheelchair
- ☐ Prosthesis, explain _____

Please share how your disability/ medical condition affects your daily life and school.

Are you currently seeking treatment for any other health related concerns? ___Yes ___No

Do you currently wear any type of medical identification on your person? ___Yes ___No

During a campus evacuation (such as a fire drill) would you require assistance exiting the building? ___Yes ___No

Please list what medications you are currently taking and share any side effects that may impact your learning while at Morton College.

Medication	Reason	Side Effects

Privacy Act and Student Contract

The above information is utilized to assist Morton College in creating proper accommodations while you are in attendance at Morton College. All records are confidential and locked in a secured area. Failure to supply all necessary documentations in a timely manner may result in the delay of accommodations.

As a student of Morton College seeking Accommodations I will:

- Provide all necessary documentations required by Morton College.
- Attend all scheduled advising appointments with assigned Academic Advisor.
- Comply with the Morton College Student Code of Conduct.
- Attend all registered classes.
- Attend scheduled tutoring sessions at the Independent Learning Center.
- Maintain up to date contact information with Morton College.

Printed Name

Signature

Date

Please bring this COMPLETED form with all other required documents to the Coordinator of Student Disability Services:

Ashanta Marshall
Coordinator of Student Disability Services
(708)656-8000 x 2433
Office 217C
Ashanta.marshall@morton.edu

