

**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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ­󠆼 | Resource Room | ­󠆼 | Social Work Services | ­󠆼 | Speech Services |
| ­󠆼 | ELL or ESL classes | ­󠆼 | Self-Contained classes | ­󠆼 | Collaborative classroom |

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**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?**

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**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 | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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**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** |
|  |  |  |
|  |  |  |
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**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 being this COMPLETED form with all other required documents to the Coordinator of Student Disability Services:

**Ashanta Marshall**

**(708)656-8000 x 2433**

[**Ashanta.marshall@morton.edu**](mailto:Ashanta.marshall@morton.edu)

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