SUPPORT FOR ACCOMMODATION REQUEST

To be used in consideration of post-secondary academic accommodation requests.

Student’s Name:

ID #:

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

2. FORMAL DIAGNOSIS and DATE (when available):

3. 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.)

4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:

5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

6. Expected PROGRESSION or STABILITY of the disability

7. HISTORY of ACCOMMODATIONS
   - 8th Grade:
   - 9th Grade:
   - 10th Grade:
   - 11th Grade:
   - 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. SIGNATURE of Credentialed Professional

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

Signature  Telephone  Date

10. 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
11. 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.)

Please return to:
Martha Schwanzt, Learning Services Specialist
Marshalltown Community College
3700 S. Center St.
Marshalltown, IA 50158 or
martha.schwanzt@iavalley.edu