

SUPPORT FOR ACCOMMODATION REQUEST

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

Student's Name:

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 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:

+ 9th Grade:

+ 10th Grade:

+ 11th Grade:

+ 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. RECOMMENDATIONS (include accommodations, linkages to adult services, other support) for

+ Living:

+ Working:

10. ADULT/COMMUNITY Contacts:

+ Agency: Status: Name/Position: Telephone:

11. SIGNATURE of Credentialed Professional

Name of Person completing this form (Print)	Title/Role	Agency/Organization
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Signature	Telephone	Date
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12. 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
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13. 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.)