

Request for Accommodation

STUDENT INFORMATION

Name: _____ Date: _____

CLINICAL DOCUMENTATION:

Name of Clinician/Evaluator: _____ Phone/Email: _____

Address: _____

Name of Clinician/Evaluator: _____ Phone/Email: _____

Address: _____

ANTICIPATED NEEDS:

Please check anticipated needs based on your documentation:

Please note this list is not exhaustive.

- Access Technology
- Alternative format course materials (e-text, hard copy, etc.)
- Remote CART/ Sign Language Interpreter
- Housing Accommodations (for students with disabilities)
- Time adjustments
- Other: _____

Please send/submit form and your clinical documentation to:

Christine Guevara
 7 J D F T U S E G P S 4 U V E F O U
 & O H B H F N F O U
 christine.guevara@sjc.edu

The information I have provided is accurate to the best of my knowledge. I authorize
 Christine Guevara, ~~DECAF~~ ~~0 0 0 0~~ consult, as needed, with clinicians to clarify
 documentation.

Student Signature

