

## REQUEST FOR SUPPLEMENTAL ACCOMMODATIONS & SERVICES

Please allow **at least two weeks** for The Office Disability Services (ODS) to review your application and supporting documentation. Additional, updated documentation may be required. Your ODS Coordinator will contact you regarding this. Documentation Guidelines and a Disability Verification Form (completed by physician in lieu of writing a letter) are available in the ODS Office and online at [www.health.columbia.edu](http://www.health.columbia.edu). Please also note that a separate application and guidelines are available for housing accommodations online. After ODS has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact ODS if you have questions regarding the ODS registration process.

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

UNI: \_\_\_\_\_

School: \_\_\_\_\_

Columbia E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please check all of the **additional** accommodations that you are requesting:

- Testing Accommodations
  - Extended time for testing:
    - Amount Requested: \_\_\_\_\_
  - Smaller proctored environment
  - Reader for exams
  - Scribe for exams (answer recorded or written for student)
  - Use of computer for exams
  - Use of spell-check device for exams (when appropriate)
  - Use of calculator for exams (when appropriate)
- Classroom Accommodations
  - Note-taking services
  - Class notes and other materials in an alternate format
    - Please specify: \_\_\_\_\_
  - Permission to tape record lectures/classes
  - Preferential classroom seating
  - Accessible classroom and furniture
- Communication Accommodations
  - Sign-language interpreters
  - Assistive listening devices
  - Speech-to-text Services (Real-time transcription of spoken words into English text)

- ❑ Other Accommodations
  - ❑ Assistive technology
    - Please specify: \_\_\_\_\_
  - ❑ Textbooks in an alternate format
  - ❑ Course substitution
    - Please specify: \_\_\_\_\_
  - ❑ Elevator and lift access
  - ❑ Campus Locker
    - Please specify location (Butler Library, Hammer Library, other): \_\_\_\_\_
  - ❑ Other Accommodation(s)
    - Please specify: \_\_\_\_\_

**Please indicate why you are requesting the above accommodations. Check all that apply:**

- ❑ Acquired new disability (Additional documentation required)
  - Please indicate your disability type(s). Check all that apply
    - ❑ Learning Disability
    - ❑ AD/HD
    - ❑ Chronic Medical Condition
    - ❑ Physical Disability (mobility impairment)
    - ❑ Psychiatric Disability (psychological or mental illness)
    - ❑ Visual Impairment or Blindness
    - ❑ Deaf or Hard-of-Hearing
    - ❑ Substance Abuse (Recovery)
    - ❑ Traumatic Brain Injury
    - ❑ Temporary Injury
      - Please describe: \_\_\_\_\_
    - ❑ Other
      - Please describe: \_\_\_\_\_
  
- ❑ Change in existing disability status
  - Please describe: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  
- ❑ Change in medication status (Additional documentation required)
  - Please indicate new medication(s) taken and/or new dosage: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - Please list any side-effects and their impact on your cognitive abilities: \_\_\_\_\_
  - \_\_\_\_\_

□ Current accommodations not meeting my needs: \_\_\_\_\_

➤ Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_