

REQUEST FOR SUPPLEMENTAL ACCOMMODATIONS & SERVICES

Please allow **at least two weeks** for Disability Services (DS) to review your application and supporting documentation. Additional, updated documentation may be required. Your DS 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 DS office (Wien Hall, Suite 108A) and online at www.health.columbia.edu. Please also note that a separate application and guidelines are available for housing accommodations online. After DS has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact DS if you have questions regarding the DS 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: _____
