



TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

SUPPORT FOR ACCOMMODATION REQUEST

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

Student's Name:

ELIGIBILITY/DIAGNOSTIC STATEMENT

Date of original eligibility:

Most recent reevaluation date:

Current goal area(s) of concern:

FORMAL DIAGNOSIS and DATE: (when available)

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.)

Describe the CURRENT FUNCTIONAL IMPACT of the disability:

RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

Expected PROGRESSION or STABILITY of the disability:

HISTORY of ACCOMMODATIONS

9th Grade:

10th Grade:

11th Grade:

12th Grade:

SUGGESTED ACCOMMODATIONS for post-secondary experiences:

SIGNATURE of CREDENTIALLED PROFESSIONAL

Name of Person completing this form (Print)

Title/Role

Agency/Organization

Signature

Telephone

Date

TO BE COMPLETED BY THE STUDENT

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

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.)

Return to:

Martha Schwandt, Learning Services Specialist

Marshalltown Community College

3700 S. Center St.

Marshalltown, IA 50158

Or

Martha.Schwandt@iavalley.edu

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