



STUDENT

>>> ACCESSIBILITY <<<

Learning & Classroom Accommodations

**Have you had learning & classroom
accommodations in the past?**

Such as; *translations, note taking, extended time,
and/or testing proctoring?*

To receive accommodations, the student must complete the "Student Accessibility Request Form" starting on page 2 with documentation from a clinician, medical professional, or mental and behavioral service provider. Please submit all documentation to deanofstudents@captechu.edu. For all questions please email or call 240-965-2467.

Student Accessibility Request Form

Title II of the Americans with Disabilities Act of 1990 (ADA) **prohibits state and local governments from discriminating on the basis of disability**. The Department enforces Title II in public colleges, universities, and graduate and professional schools.

Post-secondary schools must make **reasonable accommodations** for students with disabilities unless doing so would result in a fundamental alteration of the program or would result in undue financial or administrative burden.

Name: _____

Student ID: _____

Phone Number: _____

Email: _____

Emergency contact Name: _____ Phone Number: _____

Year: _____ Semester: Fall Spring

New Student or Returning Student

Undergraduate Graduate Doctorate

Have you previously received accommodations? Yes No

Same accommodations as last semester? Yes No

Courses:

Course 1: _____ Faculty Member: _____

Course 2: _____ Faculty Member: _____

Course 3: _____ Faculty Member: _____

Course 4: _____ Faculty Member: _____

Services Requested:

1: _____ 3: _____

2: _____ 4: _____



Student Accessibility Request Form

**Please provide clinical documentation of disability no older than a year from a clinician or medical professional with stated diagnosis and recommendation for supports along with your request form. You will not receive an intake meeting until you provide the necessary documentation.*

I understand that information regarding my disability will be shared with my instructors as it relates to the provision of academic supports. All information will be kept confidential and will be maintained by the Dean of Students. I understand that the information I have furnished is to the best of my knowledge.

Signature: _____

Date: _____