



APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow at least two weeks for the Center for Disability Resources to review your application and supporting documentation. Please note that your application cannot be reviewed until documentation is received. Documentation Guidelines are available in the CDR office and online. Please also note that a separate application and guidelines are available for housing accommodations. After the CDR has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact the CDR if you have questions regarding the CDR registration process.

Section I: Student Information

Name: _____

Today's date: _____

IIT ID #: _____

Date of Birth: _____ Gender: _____

Permanent Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Campus Address: _____

Phone # (Campus): _____

Phone # (Cell): _____

Phone # (Permanent): _____

IIT E-mail Address (If Available): _____

Other E-mail Address: _____

In case of emergency, whom may we contact on your behalf?

Name: _____

Phone: _____

Address: _____
(Street & Apt. #)

(City)

(State)

(Zip)

Relationship: _____

☐ ***Intensive English Program (IEP) students please check this box
and move to Section III***

Section II: Education Information

School: _____

Major / Program: (Include Graduate or Undergraduate) _____

First Semester at IIT: _____

Anticipated Graduation Date: _____

Please briefly describe your program. Be sure to include information about fieldwork, clinical or laboratory components, comprehensive examinations, a thesis/dissertation, or other requirements that may impact your disability or need for accommodations: _____

Section III: Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in university life.

1. Please indicate your disability type(s). Check all that apply:

- ☐ Learning Disability
- ☐ Attention Deficit/Hyperactivity Disorder (AD/HD)
- ☐ Chronic Medical Condition

➤ Please specify: _____

- ☐ Physical Disability (mobility impairment)
 - Please specify: _____
- ☐ Psychiatric Disability (psychological or mental illness)
 - Please specify: _____
- ☐ Visual Impairment or Blindness
- ☐ Deaf or Hard-of-Hearing
- ☐ Traumatic Brain Injury
- ☐ Temporary Injury/Condition
 - Please specify: _____
- ☐ Other
 - Please specify: _____

2. Please check all that apply:

- ☐ I use a wheelchair.
 - ☐ I use assistive mobility devices (braces, crutches, cane, or prosthesis).
 - ☐ I wear a hearing aid.
 - ☐ I need to read lips of instructors.
 - ☐ I rely on sign-language interpreting services.
 - ☐ I need speech-to-text services.
 - ☐ I have difficulty reading the blackboard.
 - ☐ I have difficulty taking notes in class.
 - ☐ I have difficulty writing.
 - ☐ I have difficulty standing for long periods of time.
 - ☐ I tire easily when I walk distances.
 - ☐ I have difficulty walking up/down stairs.
 - ☐ I utilize assistive technology.
 - Please specify: _____
 - ☐ Please describe any other mobility or disability related difficulties or assistive tools you are currently experiencing / using: _____
- _____

3. Are you currently taking any medication related to your disability or medical condition?

(Check one)

Yes No

If yes, list all of the medications you are taking: _____

If yes, please also list any side effects of the medications that you are taking and their impact on your academic/cognitive abilities and/or other activities:

4. Please check all of the reasonable 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
- ☐ Other Accommodations
 - Assistive technology
 - Please specify: _____
 - Textbooks in an alternate format
 - Course substitution
 - Please specify: _____
- ☐ Elevator and lift access
- ☐ Other Accommodation(s)
 - Please specify: _____

5. Briefly describe why you are requesting the above accommodations:

6. Please list any services/accommodations you received as an undergraduate or at any previously attended school:

Please note that while such services do not necessarily carry over to your current program, the information is helpful to give the CDR background information on your disability-related needs.

Section IV: Agency Information

Do you receive services from any of the following agencies? Check if no ☐

☐ Vocational Rehabilitation Services

➤ Specify State and Agency: _____

☐ Commission for the Blind & Visually Handicapped (CBVH)

☐ Veterans Administration (VA)

☐ Recordings for the Blind & Dyslexic (RFB&D)

☐ Other: _____

If yes, please provide the following information:

Counselor's name: _____

Office Address or Location: _____

Phone #: _____ Ext: _____

Services currently receiving from agency: _____

Send Form To:

IIT Center for Disability Resources

10 W. 35th Street, Third Floor

Chicago, Illinois 60616

Email: disabilities@iit.edu

Fax: 312.567.3845