

### Accommodations Request

#### Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

NPRC Email: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

#### Specific Accommodation Information

My diagnosis falls into the following category/categories:

- |                                                                         |                                                                         |                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> <b>ADD/ADHD</b>                                | <input type="checkbox"/> <b>Medical</b>                                 |                                                 |
| <input type="checkbox"/> <b>Autism</b>                                  | <input type="checkbox"/> Arthritis                                      | <input type="checkbox"/> Cardiac Disease        |
| <input type="checkbox"/> <b>Emotional Psychological</b>                 | <input type="checkbox"/> Cancer                                         | <input type="checkbox"/> Epilepsy               |
| <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression    | <input type="checkbox"/> Diabetes                                       | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Bipolar <input type="checkbox"/> PTSD          | <input type="checkbox"/> Other                                          |                                                 |
| <input type="checkbox"/> Other                                          | <input type="checkbox"/> <b>Physical/Mobility</b>                       |                                                 |
| <input type="checkbox"/> <b>Hearing</b>                                 | <input type="checkbox"/> <b>Temporary Disability (6 months or less)</b> |                                                 |
| <input type="checkbox"/> <b>Learning</b>                                | <input type="checkbox"/> Concussion                                     | <input type="checkbox"/> Injured Leg            |
| <input type="checkbox"/> Math <input type="checkbox"/> Reading/Dyslexia | <input type="checkbox"/> Injured Arm/Hand                               | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Writing <input type="checkbox"/> Other         | <input type="checkbox"/> <b>Visual</b>                                  |                                                 |

My disability affects me academically in the following way(s):

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What academic accommodations do you need? Please describe the accommodations you are requesting. All accommodations are assigned on a case-by-case basis.

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|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Additional time to take tests         | <input type="checkbox"/> Controlled Testing Environment |
| <input type="checkbox"/> Video/Audio recordings of all classes | <input type="checkbox"/> Electronic Copies of Notes     |
| <input type="checkbox"/> Sign language interpreter             | <input type="checkbox"/> Other _____                    |

Date I would like my requested accommodations to begin \_\_\_\_\_.

#### Submission of disability support documents.

All documents must be scanned and uploaded or faxed. No photos of documents will be accepted. Disability support services staff will provide you with the appropriate forms to take to your health providers based on your reported support requests.

Mail to: Northern Pennsylvania Regional College  
300 2<sup>nd</sup> Avenue, Suite 500  
Warren, PA 16365

Fax: 814-313-7320

Email: supportservices@rrcnpa.org