

**STUDENT REQUESTOR (please print legibly)**

Course Title: \_\_\_\_\_ Course Length: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

- A. Description of disability including manner in which the disability limits major life activities relevant to your participation in the course for which you are enrolled:
- B. Please list the accommodation(s) you are requesting.
- C. Describe how the service, equipment, or modification you requested will provide a reasonable accommodation to your disability and describe its specific purpose.
- D. Explain, if applicable, any resources you already have, or have access to, which would provide, or assist in providing, the accommodation(s) requested

***Please Initial:***

The CE Shop staff members may send you e-mail messages that may be of a confidential nature. Please note: All responses will be sent via e-mail.

Initial One: \_\_\_\_\_ YES \_\_\_\_\_ NO

**SECTION II: DOCUMENTATION OF DISABILITY**

Students requesting support services and/or reasonable accommodations from The CE Shop, Inc. are required to submit documentation of a disabling condition to verify eligibility.

This documentation may be provided either (1) by having an appropriate professional provide the requested information below or (2) attaching existing, current documentation of the disability from an appropriate professional which includes the information request below.

**TO BE PROVIDED BY HEALTH CARE PROVIDER OR DIAGNOSTIC PROFESSIONAL**

Documentation should be provided on professional letterhead with the name, title, address, and phone number of the professional.

- A. The credentials of the evaluator(s). Documentation is to be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training and has relevant experience. Documentation will include the type of license and the license number of the professional.
- B. A diagnostic statement identifying the disability, description of the diagnostic methodology used, description of the current functional limitations, description of current and past accommodations, services and/or medications. Documentation will include a clear diagnostic statement that indicates how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.
- C. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support service.

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**By signing this form, I acknowledge the following:**

*I have read and understand The CE Shop's Policy & Procedures: Accommodations to Students with Disabilities. It is my responsibility to contact the Disabilities Coordinator as soon as possible if:*

- *I have questions concerning the process for requesting accommodations*
- *There are any problems or concerns with the implementation of any granted accommodation*
- *I want to request additional accommodations*
- *I wish to request a modification or cancellation of any granted accommodation if there are any problems or concerns with the implementation of any granted accommodations*

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**In addition, by signing this form I consent to the following:**

- *The CE Shop may disclose appropriate information about my status as a student with a disability/ies to staff and other individuals who have a legitimate need to know.*
- *The CE Shop may discuss my condition with my medical practitioner(s) or other health care professional(s) identified on this form and in the supporting documentation I have submitted for consideration in connection with my request for accommodation.*
- *My medical practitioner(s) or professional(s) may release information regarding my condition as applicable to the evaluation of my request for accommodation or any appeal regarding accommodation decisions.*
- *This release will be in effect for as long as I need or potentially need accommodation and/or auxiliary aids/services from The CE Shop.*

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***I confirm that the information provided by me is true and correct to the best of my knowledge.***

**STUDENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**RETURN THIS FORM TO YOUR SCHOOL**

*For assistance in completing this form, or for related questions, contact your Disabilities Coordinator.*