



STUDENT REQUEST FOR ACCOMMODATION

Southern Oklahoma Technology Center
2610 Sam Noble Parkway
Ardmore, OK 73401
580-223-2070 ext. 263 Fax: 580-224-9441

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the assessment process and/or classroom accommodations that will ensure that the assessment and/or classroom work accurately reflects your skills, knowledge and abilities. Section 504 of the Rehabilitation Act of 1973

The information request below, and any documentation regarding your disability or need for accommodation to obtain career objectives in a program or assessments, will be considered strictly confidential and will not be furnished to any outside source without your permission.

Name: _____
(Last Name) (First Name) (MI)

Birth date: _____ Social Security Number: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Telephone (including area code): _____

Cell phone: _____ Work phone: _____

E-mail address: _____

Accommodation requested for the _____ Program.

My ability to perform the following classroom expectations, assessments, and projects is limited due to (list disability)

(CONTINUED)

Southern Oklahoma Technology Center does not discriminate on the basis of race, color, national origin, gender, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. SOTC also does not discriminate in its hiring or employment.

List all assessments and/or classroom behaviors or which you will need accommodations:

1. _____
2. _____
3. _____
4. _____
5. _____

ACCOMMODATION REQUESTED: The following accommodations are requested to provide me, the student, with an accessible arrangement. (Please be specific. For example, "I will need a magnifying glass to read," or "test materials should be printed in black ink".)

1. _____
2. _____
3. _____
4. _____
5. _____

(If needed, use an additional sheet for further explanation or detail)

Applicant's Signature

Date

In order to be processed, this request *must be certified* by an appropriate professional (licensed physician, licensed psychologist, approved agency, etc.).

CERTIFICATION OF NEED FOR ACCOMMODATION

(Completed by an appropriate professional)

This applicant has discussed with me the nature of the program, and it is my opinion that because of this applicant's disability s/he should be accommodated in the manner described above.

Signature

Title

Date applicant was last examined/tested: _____

We welcome your suggestions as to how we may best advise and help this applicant with his or her career decision.

Please submit any/all documentation necessary to validate disability to better serve the student (IEP, psychological, doctor notes, etc.).

Please return all paperwork to:

Southern Oklahoma Technology Center
ATTN: Counselor
2610 Sam Noble Parkway
Ardmore, OK 73401