



# Danville Area Community College

Office of Disability Services

## Accommodation Request Form

Danville Area Community College is committed to providing reasonable accommodations for all qualified students with disabilities. Contact the office of Disability Services for any questions regarding your eligibility or request for academic accommodations.

To receive accommodations, complete your request form as soon as possible. Timeliness will ensure academic accommodations can be implemented from the start of your semester. You will need to complete a Semester Request form before each semester to continue your accommodations from one semester to the next.

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### Instructions

- Complete the Accommodation Request Form. This form can be submitted online at [dacc.edu/ssc/oa](http://dacc.edu/ssc/oa), delivered to office of Disability Services on campus (Cannon Hall, room 103 or 109), or as an email attachment ([disability-services@dacc.edu](mailto:disability-services@dacc.edu)).
- Submit supporting documentation along with Accommodation Request online, emailing the documentation to [disability-services@dacc.edu](mailto:disability-services@dacc.edu), or by delivering the documentation to the office of Disability Services. The documentation provided should substantiate the need for accommodations by 1) identifying the disability, 2) being recent or within the last 3 years, and 3) providing suggestions for reasonable accommodations based on the diagnosis provided.
  - **If you do not have current documentation,**
    - Ask your medical provider to complete Section 2 of this form or,
    - Visit the Department of Rehabilitation to request an evaluation
- Complete an intake interview with a staff member from Disability Services. Appointments can be made online by visiting [dacc.edu/ssc/oa](http://dacc.edu/ssc/oa) (select Disability Services interview), by email ([disability-services@dacc.edu](mailto:disability-services@dacc.edu)), or by calling the Testing Center at 217-443-8708.
- Complete a Semester Request form before the start of each semester. A Semester Request form can be found online at [dacc.edu/ssc/oa](http://dacc.edu/ssc/oa) (drop-down under student resources) or on campus in the Testing Center (Cannon Hall, room 103).

Students with a disability should expect to maintain the standards that apply to everyone else in the course and request only the accommodations/modifications deemed reasonable. Disability Services will review your request and notify you of the approved accommodations. The office will also send a notification to your instructors indicating the accommodations found reasonable. It will be your responsibility to contact your instructors to arrange these accommodations.

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## Accommodation Request Form

Date \_\_\_\_\_

### Student Information

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

Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number \_\_\_\_\_

Preferred Email \_\_\_\_\_

High School Attended \_\_\_\_\_ Year \_\_\_\_\_

Did you receive accommodations in high school defined in an IEP, 504 Plan, or RTI plan?

Yes  No

### Medical Information

#### Disability:

- ADD/ADHD                       Depression                       Learning Disability
- Autism/Asperger               Anxiety Disorder               Physical Impairment
- Bipolar Disorder                 Hearing Impairment               Visual Impairment

Temporary Disability (Specify):  
\_\_\_\_\_

Other (Please Specify)  
\_\_\_\_\_

Please list any medications and possible side effects you feel are relevant to your request for accommodations.

Medication	Side Effect
_____	_____
_____	_____
_____	_____



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**Please check the activities below that you believe are affected as a result of your condition.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Caring for Oneself     | <input type="checkbox"/> Eating                  | <input type="checkbox"/> Math Calculating |
| <input type="checkbox"/> Talking                | <input type="checkbox"/> Working                 | <input type="checkbox"/> Processing Speed |
| <input type="checkbox"/> Hearing                | <input type="checkbox"/> Interacting with Others | <input type="checkbox"/> Memorizing       |
| <input type="checkbox"/> Seeing                 | <input type="checkbox"/> Sleeping                | <input type="checkbox"/> Concentrating    |
| <input type="checkbox"/> Walking/Standing       | <input type="checkbox"/> Reading                 | <input type="checkbox"/> Listening        |
| <input type="checkbox"/> Lifting/Carrying       | <input type="checkbox"/> Writing                 | <input type="checkbox"/> Organization     |
| <input type="checkbox"/> Sitting                | <input type="checkbox"/> Spelling                | <input type="checkbox"/> Time Management  |
| <input type="checkbox"/> Performing Manual Task | <input type="checkbox"/> Quantitative Reasoning  |   |
| <input type="checkbox"/> Other- Specify _____   |  |   |

Describe in as much detail as possible how the diagnosed condition is currently impacting you. Please include how the impairment(s) listed effect(s) your ability to perform essential functions of your program.

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What specific accommodation(s) are you requesting and how will the accommodation(s) assist you?

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**Acknowledgements: Initial each of the following to acknowledge your agreement with each statement.**

\_\_\_\_\_ I agree to allow Disability Service staff to communicate with counseling personnel, DACC faculty, administrators, and/or staff about my accommodations on a need-to-know basis.

\_\_\_\_\_ I understand DACC is not obligated to honor disability related accommodations from previous institutions. High School IEP and 504 Plans will be considered when determining accommodations.

\_\_\_\_\_ Academic requirements that are essential to the program of instruction will not be modified, substituted, or waived.

\_\_\_\_\_ I understand and agree to supply appropriate documentation to Disability Services in order to determine if I am eligible for academic accommodations at DACC.

\_\_\_\_\_ I understand to receive, each semester, auxiliary aids and services prior to the start of my classes I must return and complete a Semester Request Form.

**Release of Information**

I understand that I am completing a formal request for reasonable accommodations, and it is my right to access and implement those accommodations how I see fit. I, the student, also have the right to decline any of the listed accommodations provided to me.

If I do not agree with a recommended accommodation, or have been denied accommodation(s), I, the student, may file a complaint through the Office of Disability Services complaint process. The complaint process can be found in the Disability Services Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Disability Services, Cannon Hall Room 109, [disability-services@dacc.edu](mailto:disability-services@dacc.edu)

Lisa Rudolph, Director of  
Testing and Academic  
Services  
Cannon Hall, Room 109  
(217)443-8809  
[lrudolph@dacc.edu](mailto:lrudolph@dacc.edu)

Aja Carten, Testing and  
Disability Specialist  
(217)443-8708  
Cannon Hall, Room 103  
[acarten@dacc.edu](mailto:acarten@dacc.edu)

Janet Wheaton, Testing  
and Disability Specialist  
(217)443-8708  
Cannon Hall, Room 103  
[jwheaton@dacc.edu](mailto:jwheaton@dacc.edu)



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## Step 2 – For a Medical Provider to Complete:

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

**Student:** Please refer to this form if you do not have current documentation (within the last 3 years) available.

**Medical Provider:** The above-named individual is requesting accommodations from the office of Disability Services at Danville Area Community College. The college requires current information about the condition the student is experiencing for the purpose of establishing a disability and determining reasonable accommodations per that student’s situation. The information you are able to provide will support the determinations and are approached in an individual case-by-case basis.

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1) Please indicate the student’s primary diagnosis (DSM IV/ICD-10 preferred). \_\_\_\_\_

\_\_\_\_\_

2) If known, when was the medical condition first diagnosed? \_\_\_\_\_

3) Is the student currently under your care for the listed condition?  Yes  No

4) What is your assessment of the expected course of the condition? If temporary, please indicate the expected date of recovery.

Temporary  \_\_\_\_\_

Intermittent  \_\_\_\_\_

Chronic  \_\_\_\_\_



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5) Please indicate any co-existing psychological or medical problems (if applicable). \_\_\_\_\_

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6) Please indicate the functional limitations resulting from the medical condition. \_\_\_\_\_

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7) Please indicate the treatment regarding accommodations, services, or interventions that the college could provide to assist this student? \_\_\_\_\_

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8) Do you have any other information that could assist the college in working with this student? \_\_\_\_\_

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\_\_\_\_\_  
Certifying Professional Name

Office or Clinic Stamp Must be provided below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date