



Instructions for Requesting Academic Accommodations

1. Complete the Accommodation Request Form.

This form can be submitted:

- In person at the Office of Disability Services (Cannon Hall, Rooms 103 or 109)
- As an email attachment to disability-services@dacc.edu

2. Submit supporting documentation (if available).

Documentation may be submitted:

- By email to l.rudolph@dacc.edu
- In person at the Office of Disability Services

Documentation, if provided, should help substantiate the need for accommodations by:

- Describing the presence of a disability or medical condition
- Reflecting current functional limitations (typically within the last years, when appropriate)
- Providing information relevant to identifying reasonable accommodations in a college setting.

If you do not have current documentation, options will be discussed during the intake process. You may be asked to:

- Request that your medical provider provide a written statement on official letterhead, signed by a licensed healthcare provider, as supporting documentation.
- Contact the Department of Rehabilitation to request an evaluation.

3. Complete an intake interview with Disability Services

Appointments can be scheduled:

- Online at dacc.edu/testing-center (Select Disability Services Interview)
- By email at l.rudolph@dacc.edu
- By phone 217-443-8708 or 217-443-8809

4. Submit a Semester Request Form before the start of each semester.

The Semester Request form is available:

- Online at dacc.edu/ssc/oa
- In person at the Testing Center (Cannon Hall, Room 103)
- Or email a request for a continuation of accommodations to l.rudolph@dacc.edu

Important Information

Students with disabilities are expected to meet the same academic standards as all students. Only accommodations determined to be reasonable will be approved.

Disability Services will review all requests and notify students of approved accommodations. Once approved, Disability Services will send accommodation notices to instructors. **Students are responsible to discuss the implementation of approved accommodations.**



Danville Area Community College

Office of Disability Services

Accommodation Request Form

Student Information

Student Name _____ Student ID _____

Address _____

(Street Address)

(City)

(State)

(Zip Code)

Phone Number _____

Preferred Email _____

Program of Study at DACC _____

Section 1: Disability Disclosure (Optional)

Disclosure of a specific diagnosis is not required; however, providing information about how your condition impacts you academically may assist in the accommodation review process.

Do you wish to disclose a disability or medical condition? ☐ Yes ☐ No

Disability:

☐ ADD/ADHD

☐ Depression

☐ Learning Disability

☐ Autism/Asperger

☐ Anxiety Disorder

☐ Physical Impairment

☐ Bipolar Disorder

☐ Hearing Impairment

☐ Visual Impairment

☐ Temporary Disability (Specify): _____

☐ Other (Please Specify) _____

Section 2: Academic Impact

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

☐ Caring for oneself

☐ Eating

☐ Math calculating

☐ Talking

☐ Working

☐ Processing speed

☐ Hearing

☐ Interacting with others

☐ Memorizing

☐ Seeing

☐ Sleeping

☐ Concentrating

☐ Walking or standing

☐ Reading

☐ Listening

☐ Lifting or carrying

☐ Writing

☐ Organization

☐ Sitting

☐ Spelling

☐ Time management

☐ Performing manual task

☐ Quantitative reasoning

☐ Other (please specify): _____



Section 3: Requested Accommodations

Please indicate the accommodation you are requesting. These requests will be reviewed and not guaranteed until approved by Accessibility Services.

Testing/Assessment Accommodations

- ☐ Extended Exam Time
- ☐ Reduced-distraction testing environment
- ☐ Breaks during exams
- ☐ Use of assistive technology during exams (calculator, reader, white noise)
- ☐ Other (please specify): _____

Classroom / Instructional Accommodations

- ☐ Note-taking support
- ☐ Permission to audio record lectures
- ☐ Preferential seating
- ☐ Flexible attendance (when disability-related)
- ☐ Other (please specify): _____

Section 4: Documentation

Documentation assists Disability Services in understanding functional limitations and determining reasonable accommodations in a college setting.

Important Information Regarding IEPs and 504 Plans:

- High school **IEPs (Individualized Education Programs)** and **504 Plans** may be submitted as **supporting documentation**.
- IEPs and 504 Plans **do not transfer to college** and are **not implemented as written** at the postsecondary level
- Colleges determine accommodations through an **individualized, interactive process** based on current functional limitations and course requirements.

Have you previously submitted documentation to the office of Disability Services?

- ☐ Yes



☐ No

Section 5: Accommodation History (if applicable)

Have you received accommodations at this or another institution?

☐ Yes

☐ No

If yes, briefly describe past accommodations:

Section 6: Review and Approval Timeframe

Disability Services reviews accommodation requests as promptly as possible.

Typical processing timelines are as outlined below?

- Initial review of this request: 5-10 business days from the date of submission.
- Review of documentation review or an interactive meeting may take up to 15 business days.
- Complex or specialized accommodations may require additional time and coordination.

Students will be notified via their institutional email if additional information is needed or once a determination has been made.

Important Notes:

- Accommodation approvals are not retroactive.
- Submission of this form does not guarantee approval of requested accommodations.



Danville Area Community College

Office of Disability Services

- Delays in submission may impact the ability to implement accommodations promptly.

Section 7: Acknowledgements

Please review and acknowledge the following statements:

- ☐ I understand that accommodations are determined on a case-by-case basis and are not retroactive.
- ☐ I understand that I may be required to engage in an interactive meeting with Disability Services
- ☐ I understand DACC is not obligated to honor disability related accommodations suggested from medical providers or from other institutions.
- ☐ I understand 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 for DACC.
- ☐ I understand that approved accommodations must be requested and activated each semester
- ☐ I understand that misuse of accommodations may result in review or modification.
- ☐ I understand and agree to allow Disability Services to communicate with select staff, faculty, administrators about my accommodations on a need-to-know basis.

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: _____



Danville Area Community College

Office of Disability Services

Disability Services, Cannon Hall Room 109, disability-services@dacc.edu

Lisa Rudolph, Director of
Testing and Academic
Services
Cannon Hall, Room 109
(217)443-8809
l.rudolph@dacc.edu

Tania Cruz, Testing and
Disability Specialist
(217)554-1540
Cannon Hall, Room 103
t.cruz@dacc.edu

Monica Torres, Testing
and Disability Specialist
(217)443-8708
Cannon Hall, Room 103
m.torres@dacc.edu

Disability Services Office Use Only

- Intake Date: _____
- Staff Member: _____
- Documentation Received: ☐ Yes ☐ No
- Determination: _____

Notes: _____

