



APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow at least two weeks (or up to four weeks during the summer before the first term of entry) for Services for Students with Disabilities (SSD) to review your application and supporting documentation. Please note that your application cannot be reviewed until documentation is received. All accommodation requests will be evaluated based on your supporting documentation. Documentation Guidelines are available from the SSD office. After SSD has reviewed your application, you will be contacted via e-mail with information about the status of your registration.

Section I: Student Information

Name: _____

Today's date: _____

Hofstra ID: 700/701 (circle one and write in additional #'s) _____

Date of Birth: _____ **Gender:** _____

Permanent (Home) Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Local/Campus Address (if different): _____

Phone # (Local): _____

Phone # (Cell): _____

Phone # (Permanent): _____

Hofstra E-mail Address : _____

Other E-mail Address: _____

In case of emergency, whom may we contact on your behalf?

Name: _____

Phone: _____

Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Relationship: _____

Section II: Education Information

Undergraduate/Graduate: _____

School (e.g. HCLAS, Education, etc.): _____

Major/ Program (field of study): _____

Athletic Team Affiliation, if Applicable: _____

First term at Hofstra: Fall Spring 20____ Anticipated Graduation Date: _____

Section III: Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in University life.

1. Please indicate your disability type(s). Check all that apply:

- Learning Disability
- Attention Deficit/Hyperactivity Disorder (AD/HD)
- Physical Disability (mobility impairment)
 - ◆ Please specify: _____
- Chronic Medical Condition
 - ◆ Please specify: _____
- Psychiatric Disability
 - ◆ Please specify: _____
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Temporary Injury/Condition
 - ◆ Please specify: _____
- Other
 - ◆ Please specify: _____

2. Please check all that apply

- I use a wheelchair.
- I use an assistive mobility device (braces, crutches, cane, or prosthesis).
- I wear a hearing aid.
- I need to read lips of instructors.
- I rely on sign-language interpreting services.
- I have difficulty reading the blackboard.
- I have difficulty taking notes in class.
- I have difficulty writing.
- I have difficulty standing for long periods of time.
- I tire easily when I walk distances.
- I have difficulty walking up/down stairs.
- I utilize assistive technology.
 - Please specify: _____

3. Are you currently taking any medication related to your disability or medical condition? If so, please list all of the medications you are taking.

Please also list any side-effects of the medications that you are taking and their impact on your academic/cognitive abilities and/or other activities: _____

4. Please check all of the reasonable accommodations you are requesting:

Testing Accommodations

- Extended time for in class exams and assignments

 ◆ Amount Requested: _____

- Smaller proctored environment
 Use of computer for exams
 Use of spell-check device for exams (when appropriate)
 Use of calculator for exams (when appropriate)
 Scribe for exams (answers typed or written for student)

Classroom Accommodations

- Supplemental class notes
 In class note-taking services
 Use of a computer for note-taking
 Permission to tape record lectures/classes
 Possible attendance modification
 Instructions/directions in writing
 Accessible classroom and/or furniture

Communication Accommodations

- Assistive Technology software for classroom, study aid and/or exams
- ◆ Materials in Electronic Format
 - ◆ Assistive listening devices (FM system, hearing aids)
 - ◆ Speech-to-text Services
 - ◆ Note-taking technology
- Materials in Braille Format
 Sign-language interpreters

Housing Accommodations

 ◆ Please specify _____

Other Accommodations

 ◆ Please specify

5. Briefly describe why you are requesting the above accommodations:

- 6. Please list any services/accommodations you received at any previously attended school:**
(Please note that while such services do not necessarily carry over to your current program, the information is helpful to give SSD background information on your disability-related needs.)
