



APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow at least two weeks for Student Access Services (SAS) to review your application and supporting documentation. 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 online at our website (www.hofstra.edu/studentaffairs/stddis). SAS will then contact you via your Hofstra e-mail regarding the status of your registration.

Section I: Student Information

Name: _____ **Today's date:** _____

Hofstra ID: 7 _____

Date of Birth: _____

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

(City) (State) (Zip)

Phone # (Cell): _____

Phone # (Permanent): _____

Hofstra E-mail Address: _____

Other E-mail Address: _____

Circle one: Undergraduate/ Graduate/ Transfer

Major/Area of Interest: _____

First term at Hofstra: Fall Spring Summer 20____

Anticipated Graduation Date: _____

Section II: 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 / walking /using stairs
- I need a comfort/service animal
- I utilize assistive technology.
 - Please specify: _____

3. Are you currently taking any medication related to your disability or medical condition? If so, are there any side effects that impact your learning and daily functioning?

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

(Please note that while such services do not necessarily carry over to your current program, the information is helpful to give SAS background information on your disability-related needs).

Testing Accommodations

- Extended time for in class assignments and exams
Amount Requested: _____
- Distraction reduced environment
- Use of computer for exams
- Use of calculator for exams (when appropriate)
- Scribe for exams (answers typed or written for student)
- Reader for exams

Classroom Accommodations

- In class note-taking services
- Note-taking technology
- Permission to tape record lectures/classes
- Possible attendance modification
- Assignment instructions given in writing
- Accessible classroom and/or furniture
- Permission to eat/drink in class
- Bathroom breaks as needed

Communication Accommodations

- Assistive Technology software for classroom, study aid and/or exams
 - Materials in Electronic Format
 - Assistive listening devices (FM system, hearing aids and other personal items must be provided by the student)
 - Speech-to-text Services
 - CART Services
- Materials in Braille Format
- Sign-language interpreters

Housing Accommodations

- ◆ Please specify _____

Other

- ◆ Please specify _____

Student Signature: _____