



STUDENT ACCESSIBILITY SERVICES
ST. CLOUD STATE UNIVERSITY

Application for Services

Student Checklist to Plan for Academic Accommodations

- _____ Apply and be accepted to SCSU
- _____ Submit documentation of disability diagnosis to Student Accessibility Services, **CH202** or FAX: 320-308-5100 or email sas@stcloudstate.edu.
- _____ After SAS has received and reviewed your documentation, SAS will call you to set up an appointment to meet and discuss your accommodations plan and services.
- _____ Work with SAS to complete Application for Services

Section 1:

Date of Application: ____/____/____

Name: _____ Student ID: _____

Phone Number: _____

Permanent Address: _____

Local Address: _____

Section 2:

Disability:

- | | | |
|---------------------------|---------------------------------------|----------------------------|
| _____ Learning Disability | _____ Attention Deficit | _____ Deaf |
| _____ Systemic Disability | _____ Speech/Language Disability | _____ Hard of Hearing |
| _____ Limited Vision | _____ Acquired/Traumatic Brain Injury | _____ Psychiatric |
| _____ Mobility Disability | _____ Autism Spectrum Disorder | _____ Cognitive Impairment |
| _____ Blind | _____ Asperger's | _____ Other |

Diagnosis as stated in documentation and how this affects you?

What accommodations have you used in the past to be successful in a difficult class?

How do you effectively study and learn best? _____

(Office Use Only)

Services to be provided:

- _____ Priority Registration
- _____ Interpreter and Closed Captioning
- _____ Note Taker at student's request
- _____ Recording Lecture Options
- _____ Alternative Test Site
- _____ Extended Test time (1.5x)
- _____ Alternative Format Texts
- _____ Assistive Technology _____
- _____ Audio Tests/Reader
- _____ Scribe
- _____ Enlarged Copy
- _____ Special Seat Location
- _____ Housing _____
- _____ Other _____

Comments: _____

Student acknowledges the following statements:

- ☐ I understand that AFTER I have filled out the **Accommodation Request Form**, SAS staff will email a copy of the finalized Accommodation Requests to each of my current instructors.
- ☐ I understand that it is my responsibility to fill out the **Accommodation Request Form** EACH semester I am enrolled in courses and return to SAS in order to receive my accommodations.
- ☐ I understand that it is my responsibility to contact the SAS staff if there are any concerns about my accommodations.
- ☐ I understand that it is my responsibility to schedule any approved testing arrangements in SAS at least THREE days prior to the test.
- ☐ I have been provided with a copy of my "Rights and Responsibilities" or have been shown where it is located on the SAS webpage.

Approved By: _____ **Date:** _____

Student Signature: _____ **Date:** _____