

Office of Disability Services
Smith College
Accommodations and Services Request Form

- Please complete ALL SECTIONS of this form.
- You MUST include your signature before submitting this form.
- Medical or other documentation of your disability must be on file with the Office of Disability Services.
- Please submit supporting documentation along with this form if you are requesting new or changed accommodations. This will assist the Office of Disability Services in determining your eligibility for services and accommodations and in making the necessary arrangements.
- If your address (permanent or on-campus) changes, please notify the Office of Disability Services immediately.

Student Information

Accommodation request for:			Today's Date	
Fall_____ Spring_____ Summer_____				
Name		House		Box #
Phone (Campus):		E-mail:		
Phone (Cell):				
Class Year:	Class Dean:	Major/Advisor		Student ID:
ADA: (yes or no)				

Semester Course Schedule

Course Name/section	Instructor	Location	5-College
1.			
2.			
3.			
4.			
5.			
6.			

***** PLEASE SIGN LAST PAGE *****

Academic Accommodations Needed (check all that apply): Y/N

	Type of Accommodation	Comments:
	Sign Language Interpreter	
	FM System or other listening device	
	Other communication assistance (please specify)	
	Van transportation on campus	
	Accessible classroom	
	Special furnishings in classrooms	
	Readers	
	Books on tape	
	Books in alternative format (please specify)	
	Large Print (please specify font size)	
	Note taker	
	Computer access for tests	
	Extended time for tests <ul style="list-style-type: none">• time and a half• double time	
	Extended time on assignments	
	Distraction reduced space for tests. (please specify) <ul style="list-style-type: none">• Quiet room: 1-3 students• private room	
	Other: (please specify)	

Housing Accommodations Needed (check all that apply): Y/N		
	Accommodation	Reason
	Wheelchair accessible room	
	First floor or elevator	
	Close proximity to classes	
	Single room	
	Quiet space	
	Non-smoking room	
	Communication accessible room	
	Special furniture	
	Dietary:(please specify)	
	Bed board/ mattress	
	Other: (please specify)	

Disability	Disability Documentation
Please Explain:	Documentation Provided to the Office of Disability Services: Yes ___ No ___ Date Provided: _____

Services or Information Needed (check all that apply): Y/N

	Topic	What do you need to know?
	Help finding local physician	
	Wheelchair repair service	
	Hearing aid vendor	
	Counseling referral	
	Educational testing	
	Assistive technology for personal use	
	Internships/ JYA	
	Finding help, personal care assistant, or house cleaning	
	Financial aid/ Work study	
	Support group	
	Off campus transportation	
	Other: (please specify)	

PLEASE SIGN

I authorize the Office of Disability Services to provide verification of my disability to faculty, class deans, and professional staff at Smith College when necessary to clarify and substantiate my need for specific disability-related accommodations.

Signature _____ Date _____