

Office of Disability Services
Smith College
Accommodations and Services Request Form

- Please complete ALL SECTIONS of this form.
- You MUST submit this form each semester for which you will be requesting accommodations, and 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.
- Requests for new or changed accommodations will be reviewed before approval. You will be notified if additional documentation is needed.
- If your address (permanent or on-campus) changes, please notify the Office of Disability Services immediately.

Student Information			
Accommodation request for: <div style="text-align: center;">Fall _____ Spring _____ Summer _____</div>			Today's Date
Name (include preferred pronoun)		House: Room #:	Off-Campus Address:
Phone		E-mail:	
Your Class Year: Undergrad: Ada Comstock: Grad:	Class Dean:	Major: Advisor:	Student ID:

Semester Course Schedule (skip if only requesting housing accommodations)			
Course Number/section	Instructor	Instructor's email	Do you need a Five College Form?
1.			
2.			
3.			
4.			
5.			
6.			

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

Academic Accommodations Needed (check all that apply):

	Type of Accommodation	Comments:
	Sign Language Interpreter/ FM System or other listening device	
	Other communication assistance (please specify)	
	Van transportation on campus	
	Assistive Technology in Classroom	
	Special furnishings in classrooms	
	Captioning	
	Computer access for tests	
	Books in alternative format (please specify)	
	Large Print (please specify font size)	
	Note taker (inform office of which classes)	
	Extended time for tests -time and a half -double time	
	Extended time on assignments	
	Distraction reduced space for tests. (please specify) -quiet room: 1-3 students - private room	
	Other: (please specify)	
	Other: (please specify)	

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

Dietary Accommodations Needed (please specify all allergies):	
Accommodation	Reason

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):

Topic	What would you like to know?
Help finding physician, therapist or psychiatrist	
JYA or travel abroad questions	
Wheelchair repair service	
Help finding learning or writing coach.	
Need information about community resources	
Questions about LD/ADHD testing	
Assistive technology for personal use	
Internships and job resources	
Finding help, personal care assistant, or house cleaning	
Financial aid/ Work study	
Support group	
Off campus transportation	
Other: (please specify)	

PLEASE SIGN (Your request will not be processed without a signature)

I authorize the Office of Disability Services to obtain information from my providers about my disability and provide verification to faculty, Class Deans, and professional staff at Smith College when necessary to determine, clarify and substantiate my need for specific disability-related accommodations.

Signature _____ Date _____