Banacos Academic Center

Disability Services

ds@westfield.ma.edu

Learning Disabilities Program

ldp@westfield.ma.edu

**Reasonable Accommodations Request**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for:**

* Full academic year: \_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., 2019-2020)

 **OR**

* Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. fall 2019, summer 2020, etc.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UWID#: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@westfield.ma.edu

Major 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What academic accommodations are you requesting?

* 50% (time and a half) for exams
* 100% (double time) for exams
* Reduced distraction environment for exams
* Calculator for exams
* Reader for exams
* Scribe for exams
* Alternate format for exams
* Unlimited printing
* E-text
* Note taking assistance
* Classroom (i.e., allowance for breaks, furniture):

What other accommodations are you requesting?

* Housing (i.e., single in suite; residential hall with elevator):
* Parking:
* Dining:
* Other:

\*Office Use Only\*

Notes:

**Accommodation Notices**

**Send to all instructors:**

\_\_\_\_ I would like all of my instructors to receive a notice of accommodations.

**OR**

**Send for only some courses:** (fill this out only if you did not check the option above)

Please write in the courses and instructor names to whom we should send a notice of accommodation.

|  |  |
| --- | --- |
| Course & Section Number (i.e., ENGL 0102-001) | Instructor |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*If your schedule changes after you have submitted your request, be sure to inform your Banacos advisor.\*

Which offices would you like notified and what should we tell them?

* Residence Life \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Facilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parking Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dining \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Registrar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any other information you would like us to share with other offices or instructors?

🞏No

🞏Yes. What information and to whom?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

If submitting this form electronically, type in your name and the date above and send it from your Westfield State email address.