

# Student Disability Services Request for Accommodations



The Disability Services Office will review all requests. We are committed to ensuring that all information regarding a student is maintained as confidential. No one has immediate access to the student files at IHCC Disability Services except the Disability Services staff. Any information shall be considered confidential and shared with IHCC personnel on a need-to-know basis or as required or permitted by law.

To file a request for accommodations, follow the steps below.

## Request for Services Checklist

1. Student should complete the request form below.
2. Schedule a meeting with the Disability Services Office to discuss approved accommodations, the accommodation form process, and how to have conversations with instructors.

Ottumwa Campus  
Pothoven Academic Success Center 101C  
525 Grandview Ave.  
Ottumwa, IA 52501  
Phone: (641) 683-5749

Centerville Campus  
Office 388  
721 N. 1st Street  
Centerville, IA 52544  
Phone: (641) 683-5181

Email: [disabilityservices@indianhills.edu](mailto:disabilityservices@indianhills.edu)

3. An accommodation form will be emailed individually to each instructor. It is the student's responsibility to discuss their accommodations and how they will be implemented with the instructor.
4. Following the initial request, students must submit their class schedule to the Disability Services Office each term to initiate accommodation forms.
5. The student can contact the Disability Services Office at any time if they are having issues implementing or receiving accommodations. Accommodations are not retroactive, therefore, you should contact the Disability Services Office in a timely manner to ensure coordination.

## Section I: Student Information

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

IHCC ID Number (if available): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Anticipated Start Term: \_\_\_\_\_ Anticipated/Current Program: \_\_\_\_\_

Disability: \_\_\_\_\_

Please describe how the disability limits or affects you as a student:

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What types of accommodations have you had in the past?

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**Section II: Documentation (to be completed by an appropriate licensed professional)**

Documentation of the disability by an appropriate licensed professional is required in order to finalize the request for accommodation. For documentation, you may wish to contact your Vocational Rehabilitation counselor, physician, psychologist, or other appropriate licensed professionals.

Description of the disability:

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Description of how the disability affects, limits, or impacts the student:

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What assessment procedures and/or evaluation instruments were used to make the diagnosis?

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Will medication impact the student's ability to meet the demands of the postsecondary environment?

Yes    No   If yes, describe how:

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Recommended Accommodations:

Please provide a list of appropriate accommodations recommended.  
Example: Extended test time (time and a half)

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Other comments:

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Please supply any additional information that may be helpful.

Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indian Hills Community College will make every effort to provide reasonable accommodations in accordance with the Americans with Disabilities Act (ADA). Services provided will not lower any course standards or change any requirements of a particular degree. The services are intended to allow equal access for students with disabilities.