

**SERVICES FOR STUDENTS WITH DISABILITIES
ACCOMMODATION REQUEST PLANNING FORM**

This form is to be used as a **planning tool** for the student requesting accommodations to prepare for meeting with Services for Students with Disabilities staff to develop an accommodation plan. The information requested below, any documentation regarding disability and need for accommodation will be considered confidential and will not be shared with any outside source without your permission. Requests for accommodation **MUST** be supported by documentation. Students requesting accommodations must meet with a Services for Students With Disabilities staff member to develop an accommodation plan. Students will present copies of the plans to their professors. Recommendations for accommodations rest solely with **SERVICES FOR STUDENTS WITH DISABILITIES**. Students will be contacted when eligible for accommodations through their Pellissippi State email accounts.

Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Disability _____ VRCounselor _____
Phone _____ "P"# or SS# _____

Past educational accommodations that you have used successfully (please specify).

What **classroom accommodations** are you requesting?

What **testing accommodations** are you requesting?

What **other accommodations** are you requesting?

If you are not requesting accommodations at this time, please check here ___ and sign and date below.

Student Signature

Date

Please return completed form to:
Services for Students with Disabilities, Pellissippi State Community College
10915 Hardin Valley Rd., P.O. Box 22990
Knoxville, TN 37933-0990
Fax: (865) 539-7218 Phone: (865) 539-7153

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