

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**.

Name _____ Email _____

Street Address _____ Zip _____

Disability _____ VR Counselor _____

Phone _____ CWID/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? _____

Comments/other requests _____

Signature: _____ Date: _____

Please return completed form to:

Services for Students with Disabilities, Pellissippi State Technical Community College

10915 Hardin Valley Rd., P.O. Box 22990, Knoxville, TN 37933-0990

Fax: (865) 539-7218 Phone: (865) 539-7153