

**Delgado Community College
Office of Student Accessibility
Accommodation Referral Form**

Name: _____ LoLA ID#: _____

Address: _____

Phone#: _____ Email Address: _____

I hereby give consent for my clinician to disclose my medical/clinical evaluation for purposes of receiving reasonable accommodations.

Student Signature: _____ Date: _____

Please have your clinician complete below:

Primary Disability: _____

Secondary Disability: _____

Limitations:

Is this individual wheelchair bond? yes no

Accommodation Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Preferential Seating | <input type="checkbox"/> Distraction-Free Environment | |
| <input type="checkbox"/> Extended Time (Test Only) | <input type="checkbox"/> Use of Tape Recorder | |
| <input type="checkbox"/> Extended Time (Tests and Assignments) | <input type="checkbox"/> Frequent Breaks | |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Assistive Technology | |
| <input type="checkbox"/> Oral Testing | <input type="checkbox"/> Calculator | |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Stenographer | |
| <input type="checkbox"/> Note-taker | <input type="checkbox"/> Assistive Listening Device | |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Consideration for Frequent Absences | |
| <input type="checkbox"/> Alternative Test Format: | | |
| <input type="checkbox"/> No scantron | <input type="checkbox"/> Enlarge Print | <input type="checkbox"/> Rephrasing of Test Questions |

Please attach supportive documentation (medical eval, psychological eval, neuro-psychological eval, educational-psychological eval, etc.) with this form. Failure to attach supportive documentation can result in a delay of the student receiving reasonable accommodations. All documentation must be within 3 years. Handwritten notes or notes on a prescription pad are not acceptable documentation.

Clinician Signature: _____ Date: _____

Should you have any questions or concerns please contact Joseph Williams Jr. Student Accessibility Coordinator by phone at 504-671-5161 or by email jwilli6@dcc.edu or by fax: 504-483-4524.