

**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:

- | | |
|---|--|
| ____ Preferential Seating | ____ Distraction-Free Environment |
| ____ Extended Time (Test Only) | ____ Use of Tape Recorder |
| ____ Extended Time (Tests and Assignments) | ____ Frequent Breaks |
| ____ Reader | ____ Assistive Technology |
| ____ Oral Testing | ____ Calculator |
| ____ Interpreter | ____ Stenographer |
| ____ Note-taker | ____ Assistive Listening Device |
| ____ Scribe | ____ Consideration for Frequent Absences |
| ____ Alternative Test Format: | |
| ____ No scantron ____ Enlarge Print ____ 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: 504-671-5161.

Please note that this form must be completed and emailed/scanned directly by a qualified professional (such as a therapist, doctor or clinician) to (504) 671-5161 to be accepted. Forms submitted by any other method or directly by the student will not be considered valid.

Form 1468/004 (10/26)