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
_____ Extended Time (Test Only)
_____ Extended Time (Tests and Assignments)
_____ Reader
_____ Oral Testing
_____ Interpreter
_____ Note-taker
_____ Scribe
_____ Alternative Test Format:
____ No scantron ____ Enlarge Print ____ Rephrasing of Test Questions

_____ Distraction-Free Environment
_____ Use of Tape Recorder
_____ Frequent Breaks
_____ Assistive Technology
_____ Calculator
_____ Stenographer
_____ Assistive Listening Device
_____ Consideration for Frequent Absences

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