

**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.