



Returning Student Accommodation Request Form

Name _____ TSC ID _____ Date _____ Semester _____

Accommodations are granted on an individual bases and are based on the supporting documents that have been provided to our department.

*Please list your diagnosis: _____

***Please check all that apply**

- | | |
|---|--|
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Extended Time: (student is allowed time and a half. For example, if the class is allowed 1 hour, this student will be allowed 1 1/2 hours.) |
| <input type="checkbox"/> Short 5 min breaks | <input type="checkbox"/> Oral testing/quizzes (reader, narrator or other programs) |
| <input type="checkbox"/> Closed Caption Videos | <input type="checkbox"/> Ability to use formula chart. |
| <input type="checkbox"/> Copies of Lectures & PowerPoints | <input type="checkbox"/> 4 Function Calculator |
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Paper Tests (Request must be submitted 3 days in advance) |
| <input type="checkbox"/> Audio Record lectures | <input type="checkbox"/> Distraction reduced Testing Environment |
| <input type="checkbox"/> Reader/Scribe | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Braille Materials | _____ |

***Please fill out the following information**

Graduation Expected Date _____

Course #	Professor's Name	Professor's Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Signature: _____

Parent's Signature: _____

Counseling and Student Accessibility Resources Department
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