LAKESHORE TECHNICAL COLLEGE

Accommodation Request Form

Contact Information

Date: _____

_____   _____   _____   _____
First Name   Middle   Last   Student ID

_____   _____   _____ _____
Street   City   State   Zip Code

_____   _____   _____
Phone Number   Program   E-mail address

Status

☐ New Student   ☐ Continuing Student   ☐ I have not yet applied

I am Requesting Accommodation Service(s) to begin (select term and year):

☐ Fall _____   ☐ Spring _____   ☐ Summer _____

Title IX Accommodation Request

Are you requesting accommodations based on pregnancy or parenting? Please check the box below, and continue to the Student Release of Information section of this form. You will also need to have the Pregnancy & Parenting Health-Related Documentation Form https://gotoltc.edu/Assets/gotoltc.edu/pdf/about-us/Pregnancy%20Childbirth%20documentation.pdf completed by a qualified medical doctor or specialist.

☐ Pregnancy and Parenting Accommodation(s)

ADA Accommodation Request (Documentation must support each requested service)

I am requesting the following classroom and campus access services:

☐ Note-taking Services   ☐ Enlarged Course Materials, font size: _____
☐ Lecture Recording   ☐ Braille course materials
☐ Alternative Format (Audio) Textbooks   ☐ Preferential Seating
☐ Sign Language Interpreter   ☐ Accessible Parking
☐ Captioning
☐ Accessible furniture – describe: _____
☐ Other (specify): _____

I am requesting the following testing services:

☐ Extended time (time-and-a-half)   ☐ Enlarged Print, font size: _____
☐ Separate Room (minimal distraction)   ☐ Braille
☐ Test Reader/Screen Reading Software   ☐ Calculator
☐ Test Scribe
☐ Other (specify): _____

Personal Statement

In your own words, please describe your disability and why you need the accommodation services that you are requesting.

_____
_____
_____
_____
_____

Academic support services previously used:

_____
_____

Where were these services used? High School _____   College _____   Other: _____

Documentation

In order to determine eligibility and to receive services, students must submit documentation. In general, documentation should be from within five (5) years of the date of request for services. An Individual Education Plan (IEP) from high school may be submitted for documentation, but will not necessarily be sufficient documentation for determining eligibility, depending upon the IEP content and identified disability.

Documentation must include:
- Test results, diagnosis and resulting limitations as determined by a qualified professional
- Limitations must significantly limit at least one major life activity in an educational setting (mobility, vision, hearing, learning, etc.)
- Documentation guidelines can be found on our website: https://gotoltc.edu/current-students/student-support-services/ada/index.html

Check one:
- ☐ My documentation is enclosed
- ☐ I plan to submit my documentation to Accommodation Services
- ☐ I have previously submitted my documentation to Accommodation Services

If you have questions about documentation, please contact Accommodation Services at 920.693.1120 or 920.693.1274.

Student Release of Information:

I hereby authorize release of information related to my accommodation plan to current Lakeshore Technical College instructor(s), advisor(s), and appropriate staff for assisting the College in the implementation of reasonable accommodation(s) for the courses, programs, and/or activities in which I am enrolled. I understand that this information will be confidential and only disclosed to those authorized by me or with legitimate educational interest in the accommodation(s) requested. I also give my permission for information regarding my accommodation plan to be shared with the individuals below. I understand that I can submit a written statement revoking or changing this authorization at any time.

☐ _____   ☐ _____

☐ _____   ☐ _____

Submission of this request does not imply you will receive services. In addition to this application, in order to be eligible for disability related accommodations, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973.

Student Signature: _____ Date: _____

Please complete and return this form to Accommodation Services:

Email: as@gotoltc.edu

Fax: (920) 693-1827

Mail: 1290 North Ave, Cleveland, WI 53015

Accommodation Services Office Use Only:

☐ Request(s) Approved: communication with student on: _____

☐ Request(s) Denied: communication with student on: _____