



Center for Disability Resources

GRADUATE APPLICATION FOR ACCOMMODATIONS & SERVICES

Please allow at least two weeks for the Center for Disability Resources to review your application and supporting documentation. Please note that your application cannot be reviewed until documentation is received. Documentation Guidelines are available in the CDR office and online. Please also note that a separate application and guidelines are available for housing accommodations. After the CDR has reviewed your application, you will be contacted via e-mail with information about the status of your application. Please contact the CDR if you have questions regarding the CDR registration process.

Section I: Student Information

Name: _____

Today's date: _____

IIT ID #: _____

Date of Birth: _____ Gender: _____

Permanent Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Campus Address: _____

Phone # (Campus): _____

Phone # (Cell): _____

Phone # (Permanent): _____

IIT E-mail Address (If Available): _____

Other E-mail Address: _____

Physical Disability (mobility impairment)

Please specify: _____

Psychiatric Disability (psychological or mental illness)

Please specify: _____

Visual Impairment or Blindness

Deaf or Hard-of-Hearing

Traumatic Brain Injury

Temporary Injury/Condition

Please specify: _____

Other

Please specify: _____

2. Please check all that apply:

I use a wheelchair.

I use assistive mobility devices (braces, crutches, cane, or prosthesis).

I wear a hearing aid.

I need to read lips

If yes, list all of the medications you are taking: _____

If yes, please also list any side effects of the medications that you are taking and their impact on your academic/cognitive abilities and/or other activities:

4. Please check all of the reasonable accommodations that you are requesting:

Testing Accommodations

- Extended time for testing:

Amount Requested: _____

- Smaller proctored environment
- Reader for exams
- Scribe for exams (answer recorded or written for student)
- Use of computer for exams
- Use of spell-check device for exams (when appropriate)
- Use of calculator for exams (when appropriate)

Classroom Accommodations

- Note-taking services
- Class notes and other materials in an alternate format

Please specify: _____

- Permission to tape record lectures/classes
- Preferential classroom seating
- Accessible classroom and furniture

Communication Accommodations

- Sign-language interpreters

- Assistive listening devices
- Speech-to-text Services

‰ Other Accommodations

- Assistive technology
 - ¾ Please specify: _____
- Textbooks in an alternate format
- Course substitution
 - ¾ Please specify: _____

‰ Elevator and lift access

‰ Other Accommodation(s)

¾ Please specify: _____

5. Briefly describe why you are requesting the above accommodations:

Section IV: Agency Information

Do you receive services from any of the following agencies?

Vocational Rehabilitation Services

Specify State and Agency: _____

Commission for the Blind & Visually Handicapped (CBVH)

Veterans Administration (VA)

Recordings for the Blind & Dyslexic (RFB&D)

Other: _____

If yes, please provide the following information:

Counselor's name: _____

Office Address or Location: _____

Phone #: _____ Ext: _____

Services currently receiving from agency: _____

Send Form To:

IIT Center for Disability Resources

3424 S. State St., Room 1C3-2

Chicago, Illinois 60616

disabilities@iit.edu