



# UNDERGRADUATE APPLICATION FOR ACCOMMODATIONS &



- $\frac{3}{4}$  Please specify: \_\_\_\_\_
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Traumatic Brain Injury
- Temporary Injury/Condition
- $\frac{3}{4}$  Please specify: \_\_\_\_\_
- Other
- $\frac{3}{4}$  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 of instructors.
  - I rely on sign-language interpreting services.
  - I need speech-to-text services.
  - I have difficulty reading the blackboard.
  - I have difficulty taking notes in class.
  - I have difficulty writing.
  - I have difficulty standing for long periods of time.
  - I tire easily when I walk distances.
  - I have difficulty walking up/down stairs.
  - I utilize assistive technology.
  - $\frac{3}{4}$  Please specify: \_\_\_\_\_
  - Please describe any other mobility or disability related difficulties or assistive tools you are currently experiencing / using: \_\_\_\_\_
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**3. Are you currently taking any medication related to your disability or medical condition?**

(circle one)  
**Yes No**

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

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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:

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

‰ Testing Accommodations

Extended time for testing:

$\frac{3}{4}$

- Textbooks in an alternate format
- Course substitution

$\frac{3}{4}$  Please specify: \_\_\_\_\_

$\%_{00}$  Elevator and lift access

$\%_{00}$  Other Accommodation(s)

$\frac{3}{4}$  Please specify: \_\_\_\_\_

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

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**6. Please list any services/accommodations you received in high school or as an**

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Send Form To:

IIT Center for Disability Resources

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

Chicago, Illinois 60616

[disabilities@iit.edu](mailto:disabilities@iit.edu)