

School ADA Accommodation History Form

Applicant Information

Name: _____

Address: _____

Date of Birth: _____/_____/_____ SSN: _____

Phone: _____

The following sections are to be completed by the person responsible for disability services.

School Contact Information

Name: _____ Title: _____

School Name and Address: _____

Phone: _____ Fax: _____ Email: _____

Disability and Accommodations History

1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, etc.)

2. What accommodations were provided to this candidate while he or she was a student at your institution (check all that apply)?

_____ Additional Time – Time and a half

_____ Reader

_____ Additional Time – Double Time

_____ Scribe

_____ Paper and Pencil Exam

_____ Separate Room

_____ LARGE PRINT Paper and Pencil Exam

_____ Other

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)