

Accommodation Request Form

Disability Resource Office

Name (required):

Class Year (required):

Contact Phone Number (required):

Anticipated Graduation Date (required):

Faculty Adviser (required):

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**Disability Background**

Do you have a diagnosis or diagnoses? Yes      No      Unsure

If No or Unsure would you like to learn more about medical or mental health providers who could assist in diagnosis or providing treatment?    Yes      No

If Yes, when were you diagnosed and by whom? \_\_\_\_\_  
\_\_\_\_\_

Are you seeking a temporary accommodation as the result of an injury or temporary illness?    Yes      No

In your own words, please describe your disability/disabilities and how it affects your ability to function on or to fully access the Grinnell College campus \_\_\_\_\_

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List any medications you are currently taking and their side effects that may affect your performance as a student \_\_\_\_\_

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**Accommodation History**

What accommodations or assistive technology have you previously used in an educational, social, residential, or dining setting? \_\_\_\_\_

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## Functional Impacts

Task	No Impact	Minimal Impact	Moderate Impact	Severe Impact	Comments
Attention/Concentration					
Taking Notes					
Starting, organizing, and completing tasks					
Interacting with others					
Following verbal directions					
Following written directions					
Seeing					
Hearing					
Understanding visual information					
Memorizing information					
Understanding auditory information					
Putting thoughts into writing					
Using my hands					
Speaking clearly					
Sitting for long periods					
Moving around (standing/walking)					
Tolerating stress					
Motivation					
Finishing tests on time					
Spelling					
Writing					
Reading at a standard rate					
Understanding what I read					
Doing math calculations					
Doing math word problems					
Managing time					
Studying					
Other (Please list)					
Other (Please list)					
Other (Please list)					

**Accommodations**

What accommodations would you like to request (see supplement for information about some of the accommodations that have been used by some students in the past)? \_\_\_\_\_

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List any assistive technology you would like to request \_\_\_\_\_

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**Additional Information**

Do you plan to work on campus during your time at Grinnell College? Yes      No      Unsure

If yes or unsure, would you like to receive information about receive information about work place accommodations?

Do you anticipate that you will require accommodations to fully participate in any athletic, recreational, or organization activities while at Grinnell? \_\_\_\_\_

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Would you like any additional advisers, mentors, or coaches to be notified of any approved accommodations? Yes      No      Unsure

If yes, whom?

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Please provide any additional information you feel would be useful when considering accommodations that may be needed at Grinnell College \_\_\_\_\_

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