



## Request for Accommodation Form

Today's date: \_\_\_\_\_ Academic Year Starting at Morton College: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student Identification number (issued by Morton College) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact person phone number \_\_\_\_\_

Have you graduated from high school? Yes\_\_ No\_\_ Did you obtain your GED? Yes\_\_ No\_\_

What is the name of your high school? \_\_\_\_\_

Did you receive accommodations in high school? Yes \_\_\_\_ No \_\_\_\_

Did you participate in any of the following services? (Check all that apply)

\_\_\_\_ Resource Room      \_\_\_\_\_ Social Work Services      \_\_\_\_\_ Speech Services

\_\_\_\_ ELL or ESL classes      \_\_\_\_\_ Self-Contained Classes      \_\_\_\_\_ Collaborative classroom

**According to your high school transition plan, what was your career goal?**

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**Do you work with any of the following agencies?**

- Department of Human Services/ Office of Rehabilitative Services
- Social Security Administration (i.e. receiving SSI benefits)
- Veteran’s Administration
- Employment Training Services
- Physical/Occupational Therapy
- Transition from high school to college/work program
- Personal counseling

**Please list who you work with from the above agency and how often you meet:**

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**Other College/Universities Attended:**

**If you have attended another college prior to Morton College, did you receive services at that school?  Yes  No.**

**Name of previous college attended:** \_\_\_\_\_

**What accommodations did you receive at that college/university?**

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**Acceptable Documentation**

**The following forms of documentation are accepted by the Disability Specialist:**

- Individual Educational Plans (IEP) from a School District
  - Must be accompanied by a School Psychological Report
- Neuropsychological Consultation Report
- Medical Documentation stating a diagnosis and medication student is taking (if any)
  - If the student has Epilepsy an Emergency Plan will be made.
- Psycho-Educational Assessment
  - Must include test results, diagnosis and suggested accommodations.

**DOCUMENTATION OLDER THAN THREE YEARS WILL NOT BE ACCEPTED.**

## **Disability or Medical Condition**

Have you been diagnosed with a medical condition or disability? \_\_\_ Yes \_\_\_ No

Date of diagnosis \_\_\_\_\_

Date of last psychological testing for a learning disability \_\_\_\_\_

**The medical condition(s) or disability you have been diagnosed with:**

- ADHD/ADD
- Autism (and/or on the Spectrum)
- Acquired brain injury, date \_\_\_\_\_
- Deaf/ hard of hearing
- Learning Disability specific area \_\_\_\_\_
- Visually impaired
- Mobility impaired, describe \_\_\_\_\_
- Mental health diagnosis \_\_\_\_\_
- Post Traumatic Stress Disorder
- Physical Disability, describe \_\_\_\_\_
- Medical Condition, describe \_\_\_\_\_
- Temporary Injury/Illness \_\_\_\_\_
- Transplant, implant, shunt, describe \_\_\_\_\_

**Do you use any of the following?**

- Crutches
- Cane
- Walker
- Manual wheelchair
- Electric wheelchair
- Prosthesis, explain \_\_\_\_\_

**Please share how your disability/medical condition affects your daily life and school.**

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Are you currently seeking treatment for any other health related concerns? \_\_\_ Yes \_\_\_ No

Do you currently wear any type of medical identification on your person? \_\_\_ Yes \_\_\_ No

During a campus evacuation (such as a fire drill) would you require assistance exiting the building?  
\_\_\_ Yes \_\_\_ No

Please list what medications you are currently taking and share any side effects that may impact your learning while at Morton College:

MEDICATION	REASON	SIDE EFFECTS

### Privacy Act and Student Contract

The above information is utilized to assist Morton College in creating proper accommodations while you are in attendance at Morton College. All records are confidential and locked in a secured area. Failure to supply all necessary documentations in a timely manner may result in the delay of accommodations.

As a student of Morton College seeking Accommodations I will:

- Provide all necessary documentations required by Morton College.
- Attend all scheduled advising appointments with assigned Academic Advisor.
- Comply with the Morton College Student Code of Conduct.
- Attend all registered classes.
- Attend scheduled tutoring sessions at the Independent Learning Center.
- Maintain up to date contact information with Morton College.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please bring this COMPLETED form with all other required documents to the Disability Specialist:

Jennifer Blankenship  
708.656.8000 x2297/x2250  
jennifer.blankenship@morton.edu

