

Northwest Florida State College
Disability Support Services
REQUEST FOR ACCOMMODATIONS FORM

STUDENT NAME: _____ SEMESTER: _____ Year: _____
(PRINT NAME LEGIBLY)

SIGNATURE (Required): _____ Date*: _____

NWFSC Student ID Number (Required): _____

STUDENT RESPONSIBILITY: This form is to be completed and submitted by the STUDENT. You must have previously self-identified and provided appropriate documentation in order to receive accommodations. This form must be submitted for EACH SEMESTER REGISTRATION INCLUDING ALL DROP/ADDS OR CHANGES IN SCHEDULE.

*A minimum of 10 working days (from the time form is received on the Niceville Campus) is required to arrange accommodations. Please be advised that a change in your schedule could result in a delay in services.

Check only the accommodations previously granted by the special needs counselor on the Niceville campus. If you need additional services, please contact the Counselor for Students with Special Needs at 850-729-6079.

CLASSROOM:

- Sign Language
- Calculator Use
- Frequent Breaks
- Large Print
- Sit up front
- Scribe
- Note taker
- Spellchecker Use
- Tape Recorder
- Other:

TESTING:

- Calculator
- Distraction-reduced area
- Test Time Extension (1.5times)
- Frequent Breaks
- Text-to-Speech Software
- Spellchecker
- Tests on audio cassette
- Other:

EQUIPMENT:

- Tape Recorder
- Personal Listening System

