



Application for Accommodation

Beth Frankenstein 712-324-5061 ext. 242
 Counselor/Academic Advisor
 Accommodations Contact Person

Northwest Iowa Community College is committed to ensuring equal access and opportunity to qualified students with documented disabilities. The accommodations contact person (Beth Frankenstein) serves as a liaison for any student with a disability attending NCC. They provide information, coordinate accommodation requests, referral and support. They are also available as a liaison in student-faculty situations.

Accommodations are based on the unique needs of each student with a disability.

Accommodations may include:

- | | | |
|-----------------------|----------------------|------------------------------|
| Extended Time | Barrier removal | Tutoring |
| Interpreter or Reader | Preferential seating | Distraction free environment |
| Note taker | | |

These accommodations are intended to help enable student with disabilities meet the academic requirements through an alternative path, **with NO reduction in standards.**

It is the responsibility of the student to initiate a request for accommodations. It is extremely important for students to contact the accommodations contact person as early as possible to arrange for their accommodations. Students who request accommodations must complete the accommodations paperwork process. This consists of:

1. filling out and returning this application,
2. signing a release of information form,
3. providing documentation of disability(ies) from a qualified professional person/organization (e.g. physician, psychiatrist, psychologist, Veteran’s Administration, Rehabilitations Counselor, clinic, etc.), and
4. meeting with the accommodations contact person to develop an accommodations plan.

Completed accommodations requests are evaluated as quickly as possible and put into place in a timely manner. **Students must request accommodations every semester by meeting with the accommodations contact person.**

The purpose of this form is to gather information about your educational and support needs while you are a student at NCC. It is your responsibility to provide current professional evidence documenting your disability; such documentation must verify your need for the specific accommodation requested. Please contact Beth Frankenstein at earliest convenience to ensure coordination of your accommodation(s).

General Information

 Today’s Date

 Social Security Number

 Applicant’s Name

 Applicant’s Street Address

 City, State, Zip

 Phone Number

 Program of Study

 Month/Year Entering Program

Please explain how your disability affects, limits or impacts you as a student:

Describe the nature of your special needs: _____

Specify the nature of the requested accommodation(s), including any equipment, aids or services:

If you are working with other agencies, please list them and a contact person if known (i.e. Department of Vocational Rehabilitation Services):

Please submit current professional evidence documenting your disability, such documentation must verify the specific accommodation requested.

I am requesting accommodations to compensate for my disability and to assist me in meeting educational requirements.

I give permission to discuss my accommodation information with Northwest Iowa Community College professors, administration, and necessary staff person to establish accommodation procedures. This is for educational purposes only.

Northwest Iowa Community College has my permission to contact my previous disability services or education provider(s) for information relative to accommodating my educational needs.

I understand that acceptable documentation of my disability must be on file before an accommodation can be made and that the documentation **MUST VERIFY YOUR NEED FOR THE REQUESTED SUPPORT.**

Signature of Applicant Date

A meeting with Beth Frankenstein should be scheduled at your earliest convenience as the next step in your process.

Office Use Only

First Contact _____ Date received _____ received by _____
Appointment date/time w/ Counselor _____

AUTHORIZATION & REQUEST FOR RELEASE OF RECORDS

To: _____ Date: _____

I, _____, authorize the Disability Counselor at
(printed name)
Northwest Iowa Community College to receive a copy of my previous special education,
medical, or other records. The purpose of the request is to determine eligibility for
accommodations.

The records/report(s) should include the following:

1. A diagnosis of the disability/need;
2. Description on how disability/need impacts major life functioning at the current time;
3. Suggested accommodation for the student in a college setting;
4. Other special information as applicable.

Student Signature

Date

Please send a copy of these records to:

Beth Frankenstein
Northwest Iowa Community College
603 West Park Street
Sheldon, IA 51201
1-800-352-4907 ext 242