

## Disability Access Services Request for Accommodations

Choose ONE Semester:     Summer 20 \_\_\_\_     Fall 20 \_\_\_\_     Spring 20 \_\_\_\_  
 Campus:     Greeley     Ft. Lupton     Loveland     Windsor

Name: \_\_\_\_\_ Aims I.D. #: \_\_\_\_\_ Aims Email: \_\_\_\_\_

Major:  A.A./A.S.     A.A.S.     Certificate     Undeclared     Transfer    Advisor: \_\_\_\_\_

Semester Classes (Ex. ANT 101)	Instructor	Time	Days	Room

**I am requesting the following services, accommodations, and/or auxiliary aids for this semester:**

<p>Testing:</p> <p><input type="checkbox"/> Extended Time    <input type="checkbox"/> 150%    <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Test Reader</p> <p><input type="checkbox"/> Test Writer</p> <p><input type="checkbox"/> Individual Area</p> <p>Classroom:</p> <p><input type="checkbox"/> Note taker</p> <p><input type="checkbox"/> Recording Device</p> <p style="padding-left: 20px;">Do you have your own recorder?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Sign Language Interpreter:</p> <p><input type="checkbox"/> A.S.L.</p> <p><input type="checkbox"/> P.S.E.</p> <p><input type="checkbox"/> S.E.E.</p> <p><input type="checkbox"/> Other: _____</p>	<p>Alternative Format: Must complete Alternative Text Form.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">           Textbooks:            <input type="checkbox"/> Audio            <input type="checkbox"/> Braille            <input type="checkbox"/> E-Text            <input type="checkbox"/> Enlarged Print         </td> <td style="width: 50%; padding: 5px;">           Class Handouts:            <input type="checkbox"/> Audio            <input type="checkbox"/> Braille            <input type="checkbox"/> E-Text            <input type="checkbox"/> Enlarged Print         </td> </tr> </table> <p>Do you have your own MP3 Player?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Adaptive Computer Equipment: _____</p> <p>Other: _____</p>	Textbooks: <input type="checkbox"/> Audio <input type="checkbox"/> Braille <input type="checkbox"/> E-Text <input type="checkbox"/> Enlarged Print	Class Handouts: <input type="checkbox"/> Audio <input type="checkbox"/> Braille <input type="checkbox"/> E-Text <input type="checkbox"/> Enlarged Print
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**Item(s) / Equipment: (adj. table, adj. chair, assistive listening device, ergonomic keyboard, etc.)**

Item	Course	Location	Height/Adjustment

I understand that the D.A.S. Office will communicate with Aims staff and instructors as needed on matters pertinent to my disability and services needed through the D.A.S. Office. By signing this document, I also grant D.A.S. permission to use my information for scheduling, statistical reporting, and funding purposes.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Disability: \_\_\_\_\_

Accommodations:

Testing:    \_\_\_ Extended Time: \_\_\_%        \_\_\_ Test Reader        \_\_\_ Test Writer        \_\_\_ Individual Area

Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No

Note taker:

Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No

Recording Device:    \_\_\_ AIMS                    \_\_\_ Personal

Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No

Sign Language Interpreter:    \_\_\_ ASL                    \_\_\_ PSE                    \_\_\_ SEE                    \_\_\_ Other: \_\_\_\_\_

Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No

Alternative Texts/Handouts:    \_\_\_ Enlarged Text\*    \_\_\_ Audio\*    \_\_\_ E-Text\*    \_\_\_ Braille\*

                                 \_\_\_ AIMS Device                    \_\_\_ Personal Device

Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No
Course: _____	Instructor: _____	Day/Time: _____	Bldg/RM: _____	Approved: Yes No

Adaptive Computer Equipment: \_\_\_\_\_ Approved: Yes No

Equipment Items:

Course: _____	Instructor: _____	Time: _____	Bldg/RM: _____	HT _____	Approved: Yes No
Course: _____	Instructor: _____	Time: _____	Bldg/RM: _____	HT _____	Approved: Yes No

Other: \_\_\_\_\_ Approved: Yes No

Reasons not approved:

\_\_\_\_\_

Approved by:	Name _____	Title _____	Date _____
	Name _____	Title _____	Date _____