

PALMER COLLEGE OF CHIROPRACTIC

STUDENT CLASSROOM MODIFICATION INTAKE/REQUEST FORM

Thank you for contacting the Student Disability Support Services Center. Students seeking temporary modifications to their classroom experience secondary to an injury or due to a non-disability related condition must complete this form and submit proper documentation of their injury or condition. Documentation guidelines are available online at <http://www.palmer.edu/AcademicCounseling>. Students are also required to meet with the Disabilities Coordinator prior to or as early in the trimester/quarter as possible to review eligibility for a modification of their in-classroom and/or testing experience.

Date completed: [Click here to enter a date.](#)

- This form was completed by the student.
 This form was completed by someone other than the student.

Name of person completing this form: [Click here to enter text.](#)

Relationship to the student: [Click here to enter text.](#)

STUDENT INFORMATION

Full Name:	Last Name: Click here to enter text.
	First Name: Click here to enter text.
	Middle Name: Click here to enter text.
Matriculation #:	Click here to enter text.
Mailing Address:	Address: Click here to enter text.
	City: State: Click here to enter text.
	Zip Code: Click here to enter text.
Phone Contact Information:	Cell: Click here to enter text.
	Home: Click here to enter text.
	Work: Click here to enter text.
	Other: Click here to enter text.
Preferred Email Address:	Email: Click here to enter text.
Communication Preference:	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail

In order to anticipate appropriate disability-related permanent or temporary academic accommodations, please complete the following sections.

1) Consider how your injury or condition might impact you within the following circumstances (check all that apply):

<input type="checkbox"/> Classes:	lectures, laboratory practicals, technique set-ups/practicals, participation as a patient, clinic performance requirements
<input type="checkbox"/> Assignments:	reading, writing, calculating, keyboarding, library/research work, web-based criteria
<input type="checkbox"/> Related Activities:	clinical and clinic abroad placements, practicums, internships
<input type="checkbox"/> Communication:	speaking, listening, using phones, using e-mail
<input type="checkbox"/> Evaluation:	tests, papers, oral reports, group presentations/projects, practicals
<input type="checkbox"/> Time Constraints:	timed tests, college deadlines, assignment due dates
<input type="checkbox"/> Attendance:	class, required activities out of class, clinic observation or shift requirements
<input type="checkbox"/> Campus:	mobility, orientation/navigation, transportation
<input type="checkbox"/> Extra-Curricular:	club participation, campus events, participation in sporting or athletic activities

2) Keeping the previously listed situations in mind, describe all current condition-related functional limitation(s) and how you think they might **impact your participation in the academic and/or extra-curricular programs** here at Palmer College of Chiropractic:

a) Please list your specific functional limitations and identify the severity of each by indicating the number that best applies. (1 = Mild to 3 = Severe):

SPECIFIC FUNCTIONAL LIMITATIONS	MILD	MODERATE	SEVERE
	1	2	3
	1	2	3
	1	2	3
	1	2	3

b) Please list your specific functional limitations and identify the frequency of each by checking in the corresponding box that best applies.

SPECIFIC FUNCTIONAL LIMITATIONS	ONCE A YEAR	ONCE A MONTH	ONCE A WEEK	DAILY	OTHER (PLEASE EXPLAIN BELOW)

Other (cont.):

TEMPORARY ACCOMMODATION/ACADEMIC MODIFICATION REQUEST INFORMATION

Identify the types of modifications to your academic experience you are currently requesting in the chart below:

TEMPORARY MODIFICATION(S)	SPECIFIC IMPACTED COURSE(S)	ANTICIPATED TERM AND LENGTH OF TEMPORARY MODIFICATION(S)
<input type="checkbox"/> Tape Recorded Lectures		
<input type="checkbox"/> Supplemental Class Notes		
<input type="checkbox"/> 3-Person In-Class Working Group		
<input type="checkbox"/> Surrogate Patient		
<input type="checkbox"/> Altered Written Exam Schedule		
<input type="checkbox"/> Altered Practical Exam Schedule		
<input type="checkbox"/> Scribe for Quizzes and/or Exams		
<input type="checkbox"/> Reader		
<input type="checkbox"/> Modified Classroom Seating/Furniture		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

Signed copies of this form will be distributed to each course professor and a copy retained by the Department Chair, SDS Coordinator and student for future reference.

Student Name:

Term:

Student Disability Services Coordinator's Signature

Date

Student's Signature

Date

Dean/Level Director/Department Chair's Signature

Date

This form was adapted from the North Iowa Area Community College "Disability Services Intake Questionnaire", and the "Disability Services Intake Questionnaire" developed by Rhonda H. Rapp (2013) and UW-Madison "Student Accommodations Request Form"