

# HUDSON COUNTY COMMUNITY COLLEGE

## Disability Support Services

### Reasonable Accommodation Request Form

To the student-All accommodations requested must conform to the documentation that has been provided to Disability Support Services. Any requests made that do not conform with the documentation will not be provided.

Name: \_\_\_\_\_

Student I.D. \_\_\_\_\_

Academic Year: \_\_\_\_\_

Students with disabilities are eligible to receive accommodations as provided by Section “504” of the Rehabilitation Act of 1973 and the American with Disabilities Act (ADA) of 1990. Accommodations are designed to allow the student to perform in the class at the same level while maintaining the standards set by Hudson County Community College and the class instructor. Your current accommodations are marked below.

#### Accommodations being requested:

##### Testing Accommodations:

- extended time
- separate test environment
- reader
- note taker/scribe

##### Hearing Disabilities:

- sign language interpreter

##### Visual Disabilities:

- Enlarged Printed Materials

##### Adaptive Technology:

- computer/word processor
- spellchecker
- calculator
- tape recorder (with instructor’s permission)
- closed captioned television

##### Other:

- \*extended time on written assignments
- Please specify \_\_\_\_\_

##### Physical Environment:

- preferential seating
- alternative chair/table
- opportunity to stand or move about

\* A reasonable amount of time will be determined by the professor in conjunction with the student.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Support Services Coordinator

\_\_\_\_\_  
Date