

Request for Accommodations
Student Health & Wellness Resource Center
Services for Students with Disabilities

Phone 541-278-5965
Fax 541-278-5870
disabilityservices@bluecc.edu



www.bluecc.edu

Term you are requesting accommodations: Summer Fall Winter Spring

BMCC ID: _____ - _____

Last Name: _____

First Name: _____

Date of Birth: ____/____/____

Phone Number: (____) _____ - _____

Mailing Address: _____
Street City State Zip

Describe your disability/disabilities: _____

Signature: _____ Date: ____/____/____

Please check accommodations below that you have been granted in the past or you believe would be helpful:

Assessment/Testing

- Private Space
- Extended Time: 1 ½ X 2X
- Breaks (50/10)
- Tests on Non-White Paper
- Food/Drink (computer lab exception)
- Note Cards (must be used in Testing Center)
- Scribe
- Reader (human or computer)
- Music
- Calculator (must qualify with Math Disorder)
- Other _____

Academic

- Extended Time to Complete Assignments/Projects (only for missed classes due to disability)
- Scribe (for in-class writing)
- Note-Taker
- Lecture Tapes
- Closed Caption in class videos
- Sign Language Interpreter
- Copies on non-white paper
- Alternative Text format (taped 2x/4x, CD, Braille, e-text)
- Calculator (must qualify with Math Disorder)
- Other _____

Environment

- Frequent Breaks
- Food/Drink
- Seating
 - Adjustable Table
 - Special Chair
 - Adjustable No Arms Padded
- Service Animal
- Preferred Seating (e.g. near door, or front of class)
- Other _____

Technology

- Screen Reader: Text Navigation Both
- Glare Screen
- Magnifications
- Alternative Keyboard
- Alternative Mouse
- Scanning Reading System
- FM Loop System
- Visual Alerts
- Other _____