Pennsylvania Institute of Technology

Office of Student Affairs
Marquise Isaac-Rivers, M.Ed., Director, Student Affairs
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610-892-1513

Student Disability Disclosure and Accommodations Request Form

Please Print Clearly

Student Information:

Date: Name:

Address: City: Zip:

Email: Phone Number:

Student's Program: ☐ BACHELORS ☐ ASSOCIATES ☐ CERTIFICATE

Anticipated Graduation: (Month/Year)

Describe how this disability affects your academic work, class schedule, and/or class location:

Identify and describe the reasonable accommodation(s) needed to enable you to meet or perform the academic standards of your educational program as listed on the Accommodation Recommendations below.

Approved Accommodations

☐	Extended time on exams-- time and a half
☐	Extended time on exams-- double time
☐	Access to semi-private test taking area
☐	Use of laptops for tests and exams requiring lengthy essays
☐	Use of calculators for math-based tests and exams
☐	Permission to record lectures
☐	Access to faculty-provided copies of lecture notes via the Library
☐	Use of e-books or audiobooks when available

☐	Access to voice recognition software (Office 365/Notes)
☐	Access to text-to-speech programs (Canvas Immersive Reader)

Additional Information:

Identify and describe any equipment, aids, and/or services that you currently use and are willing to provide and/or utilize:

Consent to Release Information

Information concerning your disability will be treated confidentially and will be shared with staff and faculty at the college who have a legitimate educational interest.

☐ YES, I request assistance in arranging for my reasonable accommodation(s) and I give the Pennsylvania Institute of Technology permission to share information concerning my disclosed disability and request for reasonable accommodation(s) with campus professionals who have a legitimate educational interest (professors, advisers, counselors, etc.) and to work with the Dean of Student Services to complete an Accommodation Plan to give to my professors and advisor and other appropriate campus officials.

☐ NO, I am not requesting accommodations at this time.

I understand that the Pennsylvania Institute of Technology (P.I.T.) will circulate among my faculty and other relevant partied confidential information about my disability and about reasonable accommodations that might be made to facilitate my success only if I give my permission. I agree to the option I have initialed below:

_____ initial — I GIVE PERMISSION to P.I.T. to release information about my disability to faculty of courses in which I am enrolled and to other relevant parties, *including outside testing facilities such as ATI.* Also, I understand that I am responsible for providing a copy of this form via email to each of my instructors with whom I am requesting accommodation(s))

_____ initial — I DENY PERMISSION to P.I.T. to release information about my disability.

_____ _____

Student Signature Date

(This signature gives/denies permission until revoked in writing.)

To be completed by Student Affairs & Academic Affairs

Request for accommodations approved: ☐ Yes ☐ Yes- with notes/edits ☐ No – Reason:

Supporting Documents provided by student: ☐ IEP ☐ 504 ☐ Treatment Provider's Report

Appointment Date: _____

Referral not provided, alternate plan: _____

Accommodations Given:

Reviewed by Director of Student Affairs: _____ _____
Signature Date

Reviewed by Director Academic Affairs: _____ _____
Signature Date