

## Request for Accommodation

### STUDENT INFORMATION

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

**CLINICAL DOCUMENTATION:**

Name of Clinician/Evaluator: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Clinician/Evaluator: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

**ANTICIPATED NEEDS:**

Please check anticipated needs based on your documentation:

Please note this list is not exhaustive.

- Access Technology
- Alternative format course materials (e-text, hard copy, etc.)
- Remote CART/ Sign Language Interpreter
- Housing Accommodations (for students with disabilities)
- Time adjustments
- Other: \_\_\_\_\_

Please send/submit form and your clinical documentation to:

Christine Guevara  
 7 J D F T U S E G P S 4 U V E F O U  
 & O H B H F N F O U  
 christine.guevara@sjc.edu

The information I have provided is accurate to the best of my knowledge. I authorize  
 Christine Guevara, ~~DECAF~~ ~~0 0 0 0~~ consult, as needed, with clinicians to clarify  
 documentation.

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Student Signature



