



Summary of Eligibility

Name: _____ Date: _____

Address: _____ Banner ID: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Eligibility Category:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Provisional Services Until _____ |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Learning (LD) | |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Orthopedic | |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Psychological | <input type="checkbox"/> Other _____ |

Accommodations:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessible Furniture | <input type="checkbox"/> Alternate Text | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Adaptive Software | <input type="checkbox"/> Audio | <input type="checkbox"/> Lab Assistant |
| <input type="checkbox"/> Screen Reader | <input type="checkbox"/> Braille | <input type="checkbox"/> Note Taking Assistance |
| <input type="checkbox"/> Speech Recognition | <input type="checkbox"/> Enlarged _____ | <input type="checkbox"/> Real-Time Captioning |
| <input type="checkbox"/> Screen Magnification | <input type="checkbox"/> Tactile Graphics | <input type="checkbox"/> Recorded Lectures |
| <input type="checkbox"/> Assigned Seating | <input type="checkbox"/> Text RTF | <input type="checkbox"/> Not Called On/Alt to Oral |
| <input type="checkbox"/> Assistive Listening Device | <input type="checkbox"/> Deadline Extension | <input type="checkbox"/> Attendance Adjustment |
| <input type="checkbox"/> Class Allowance | <input type="checkbox"/> Slides in Advance | <input type="checkbox"/> Alternative to Group Work |
| <input type="checkbox"/> Clarify directions | | |

Testing Accommodations:

Testing Time: 1.0X 1.5X 2.0X Other _____

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Enlarged Copy (Font Size _____) | <input type="checkbox"/> Screen Reader |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Private Test Room | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Cue Card | <input type="checkbox"/> Reduced Distraction Environment | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Spell Check | <input type="checkbox"/> Speech Recognition Software |
| <input type="checkbox"/> Dictionary | <input type="checkbox"/> Screen Magnification | <input type="checkbox"/> Headphones |
| <input type="checkbox"/> Other _____ | | |

Notes:

Student: _____ Date: _____

Staff: _____ Date: _____