Request for Reasonable Accommodations
Northwest Technical College
Learning Services Center

Name ____________________________ Tech ID ____________________________

Address ____________________________

Telephone ____________________________ E-mail ____________________________

Program ____________________________ Date ____________________________

STATEMENT OF DISABILITY: Please include current (within the last three years) and appropriate documentation verifying your disability and attach it to this request. Examples of documentation could include, but are not limited to: Individual Education Plans (IEP), medical/mental health diagnoses, records, evaluations, or vocational assessments. Learner input is important.

Please describe your disability and how it affects your academic progress:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Please describe the type of accommodation/auxiliary aid being requested and how the requested accommodation will help you:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

This request for reasonable accommodations was: Accepted  Denied
Rationale: _____________________________________________________________

*I have read the above document and will work with the Learning Services Director to create an Accommodation Plan.

Learner ____________________________ Date ____________________________
Learning Services Director ____________________________ Date ____________________________

This document can be provided in other formats. Contact the Learning Services Director.
NTC is an equal opportunity educator/employer.