

## SUPPORT FOR ACCOMMODATION REQUEST

To be used in consideration of post-secondary academic accommodation requests.

Begin completion during 9<sup>th</sup> grade review (1-7a) in collaboration with the student. Student Name:

### 1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

✚ Date of original eligibility: When did the student enter special education services?

✚ Most recent reevaluation date: When was the most recent evaluation? Or what is the last date an intentional decision that determined continuation or discontinuation of services? Students need only a history of accommodations to request accommodations in higher education.

✚ **Current goal area(s) of concern:** Name the major life area(s) that qualify the individual for services (i.e. learning, modality, chronic health, mental health, speaking, vision, etc.). Briefly list the current goal(s) for remediation, accommodation, and/or modification. **Note: Modifications will not be honored as the student transitions to higher education.** Naming what the disability is. . . they are entitled individuals in the areas of reading/math/organization/social skills. Be as descriptive as possible. Can be used for a student with a 504 plan.

### 2. FORMAL DIAGNOSIS and DATE (when available): Please state if there is no formal diagnosis.

Discuss if a formal diagnosis exists, then include the diagnosis, the date of evaluation, and the name of the professional evaluator with credentials (certification, licensure, professional training).

### 3. What is the BASIS OF DETERMINATION for current services? What assessments (formal, informal, process) or information related to the stated disability or goal area are used to determine the students need for special education services? Were the assessments administered with accommodation and/or modification? For example, ITEDS scores indicating discrepancy from peers; required use of calculator for arithmetic calculations, untimed tests, required reader or scribe, MIALT scores, progress monitoring, norming scores, standards, observation

### 4. Describe the CURRENT FUNCTIONAL IMPACT of the disability: How does the disability impact the student's learning and performance? What other external or internal factors or conditions add to the interference with academic performance? What difficulties does the student have completing assignments, tests, projects? How does medication or treatment or the side-effects of medication or treatment influence academic performance?

### 5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION: How much and what kind of support does this student need to perform successfully in general education classes? What accommodations, modifications, direct instruction does the student receive?

### 6. Expected PROGRESSION or STABILITY of the disability: Is the disability stable or not likely to change significantly despite remediation? How is the disability cyclic (chronic or mental health) requiring more frequent evaluation and updating treatment? Is the disability expected to contribute to progressive deterioration?

### 7. HISTORY of ACCOMMODATIONS: (To be completed in collaboration with the student)




✚ 9<sup>th</sup> Grade: List the accommodations and modifications used during 9<sup>th</sup> grade. Briefly describe how they helped you to accomplish your academic tasks (assignments, tests, projects). Include those accommodations, modifications, assistive devices, services, technology tried that did not achieve the desired result and their discontinuation or alteration.

✚ 10<sup>th</sup> Grade: Add or delete accommodations, modifications, assistive devices, services, technology to provide a running record of instructional intervention from 9<sup>th</sup> through 10<sup>th</sup> grade.

✚ 11<sup>th</sup> Grade: Continue the dialogue. What is working, what is not, what is the goal as the student considers higher education?

✚ 12<sup>th</sup> Grade: Summarize what works best.

**Complete #8-13 during grade 11 or 12:**

- 8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:** Based on the history of accommodations, include recommendations for accommodations that have worked best, adaptive devices with which the student is familiar and trained, assistive services that may or may not be provided in the higher education setting, and any self-managing/compensatory strategies. Transition to higher education can be a time for continued independence, but also recognition that environmental changes can sometimes exacerbate the functional impact of the disability
- 9. RECOMMENDATIONS (include accommodations, linkages to adult services, other support) for**
-  **Living:** What types of support for living will the student require?
  -  **Working:** What connections will be helpful for accessing the work world? Are there medical, psychological and/or educational support services or training that would be beneficial?
- 10. ADULT/COMMUNITY Contacts:** Include professionals/agencies recommended or that already have a history with the student. Additional resources can provide valuable information during the determination of eligibility and the evaluation for request for accommodations. When recommendations/accommodations are congruent with those offered by higher education, they will be given deference. When they go beyond what the college/university can provide, the contacts can be used as potential referrals for services and to work in collaboration with higher education.
-  **Agency:**                      **Status:**                      **Name/Position:**                      **Telephone:**
- 11. SIGNATURE of Credentialed Professional:** Signature of the professional (secondary special education teacher, transition coordinator, etc.) completing the form along with contact information. This is very helpful when a personal conversation is desired.

---

Name of Person completing this form (Print)	Title/Role	Agency/Organization
---------------------------------------------	------------	---------------------

---

Signature	Telephone	Date
-----------	-----------	------

- 12. AUTHORIZATION for RELEASE OF INFORMATION:** Student release and documentation of participation in the process.  
 I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

---

Name of Student (Printed)	Student's Signature	Date
---------------------------	---------------------	------

- 13. STUDENT WRITTEN RESPONSE—Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)** Again an opportunity for the student to provide personal insight.

**EVALUATION:** For: <http://ahead.org/survey/iowa/dss/dss.php>      Username: IowaPostsecondary      Password: SARpse  
 For: <http://ahead.org/survey/iowa/secondary/secondaryprov.php>      Username: IowaSecondary      Password SARse

The evaluation is an opportunity for the State of Iowa to track the usefulness of this process and to continue to make necessary improvements. The evaluation is in collaboration with the Association of Higher Education and Disabilities (AHEAD). Please control/click on the secondary link, provide the user name and password to complete a brief survey.